

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
-----------------------------------	---	--

1.0

**PHA Information**

PHA Name: Inkster Housing Commission \_\_\_\_\_ PHA Code: MI027 \_PHA

Type:    ☐ Small                      ☐ High Performing                      ☒ Standard                      ☐ HCV (Section 8)

PHA Fiscal Year Beginning: 01/01/2011

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:**  
**(select all that apply)**

☒ Main administrative office of the PHA

☐ PHA development management offices

☐ PHA local offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

☒ Main administrative office of the PHA

☐ PHA development management offices

☐ PHA local offices

☐ Main administrative office of the local government

☐ Main administrative office of the County government

☐ Main administrative office of the State government

☐ Public library

☐ PHA website

☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

☒ Main business office of the PHA

☐ PHA development management offices

☐ Other (list below)



<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development</b> <b>Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226</b> <b>Expires 4/30/2011</b>
<b>3.0</b>	<p><b>Submission Type</b>  <input checked="" type="checkbox"/> 5-Year and Annual Plan      <input type="checkbox"/> Annual Plan Only      <input type="checkbox"/> 5-Year Plan Only</p> <p><b>i. <u>PHA 5-Year and Annual Plan:</u></b>  <input checked="" type="checkbox"/> <b>Standard Plan</b>  <input type="checkbox"/> <b>Troubled Agency Plan</b></p> <p><b>ii. <u>Executive Summary of the Annual PHA Plan</u></b>  [24 CFR Part 903.7 9 (r)]  <b>Inkster Housing Commission secured a loan through Fannie Mae Modernization Express Program to improve the public housing properties and to attract new applicants seeking public housing from the surrounding areas.</b></p>	

### **iii. PHA 5-Year and Annual Plan Table of Contents**

#### **Table of Contents**

PHA Plan .....	1
PHA Inventory .....	2
Executive Summary .....	3
Table of Contents .....	3
PHA Consortia .....	4
PHA Mission .....	5
PHA Goals .....	6-7
PHA Updates .....	8-9
Policies on Eligibility, Selection and Admissions .....	15
Financial Resources .....	16
Rent Determination Policies .....	17
Operations and Management Policies .....	20-23
Grievance Procedures .....	23
Designation of Housing .....	24
Community Service and Self Sufficiency .....	25-28
Safety and Crime Prevention .....	29-
Pet Ownership .....	30-34
Civil Rights Certifications (Included with PHA Plan Certifications) .....	34
PHA Asset Management .....	34
Violence against Women Act .....	35-40
Other Information .....	41

<b>PHA 5-Year and Annual Plan</b>		<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>			<b>OMB No. 2577-0226 Expires 4/30/2011</b>	
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
					PH	HCV
	PHA 1:					
	PHA 2:					
	PHA 3:					
	<b>N/A</b>					

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.	
<b>5.1</b>	<p><b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:</p> <p><b><u>5.1. Mission</u></b></p> <p>State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction.</p> <p><input checked="" type="checkbox"/> The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.</p>	

**Goals and Objectives.** Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

## **5.2. Goals**

### **HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

- ☒ PHA Goal: Expand the supply of assisted housing  
Objectives:
- ☐ Apply for additional rental vouchers:
  - ☒ Reduce public housing vacancies:
  - ☒ Leverage private or other public funds to create additional housing opportunities:
  - ☐ Acquire or build units or developments
  - ☐ Other (list below)
- ☒ PHA Goal: Improve the quality of assisted housing  
Objectives:
- ☒ Improve public housing management
  - ☒ Improve voucher management
  - ☒ Increase customer satisfaction: Provide staff training
  - ☒ Concentrate on efforts to improve specific management functions (Customer Services)
  - ☒ Renovate or modernize public housing units:
  - ☐ Demolish or dispose of obsolete public housing:
  - ☒ Provide replacement public housing:
  - ☐ Provide replacement vouchers:
  - ☐ Other: (list below)
- ☒ PHA Goal: Increase assisted housing choices  
Objectives:
- ☒ Provide voucher mobility counseling: Provide group briefing sessions & case-by-case management
  - ☒ Conduct outreach efforts to potential voucher landlords
  - ☐ Increase voucher payment standards
  - ☒ Implement voucher homeownership program:
  - ☒ Implement public housing or other homeownership programs:
  - ☒ Implement public housing site-based waiting lists:
  - ☐ Convert public housing to vouchers:
  - ☐ Other: (list below)

**Goals and Objectives.** Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

**HUD Strategic Goal: Improve community quality of life and economic vitality**

- ☒ PHA Goal: Provide an improved living environment (Community Policing)
- ☒ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: Addressed in the IHC ACOP
- ☒ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: Addressed in the IHC ACOP
- ☒ Implement public housing security improvements: Selectively install wireless security devices in vacant /renovated units, provide security services for Twin Towers Residents during non-operational hours, provide two police officers to serve the public housing community and monitor surveillance cameras in common areas in developments. Monitor surveillance cameras in hall ways and elevators in the elderly development building.
- ☐ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- ☐ Other: (list below)

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

- ☒ PHA Goal: Promote self-sufficiency and asset development of assisted households  
Objectives: Provide life skill training to residents
- ☒ Increase the number and percentage of employed persons in assisted families: Section 3 requirements through CFP. Working Preference offered to applicants
- ☒ Provide or attract supportive services to improve assistance recipients' employability: Continual outreach efforts through the Resident Council
- ☐ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- ☐ Other: (list below)

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

- ☒ PHA Goal: Ensure equal opportunity and affirmatively further fair housing objectives: public announcements via the media
- ☒ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
- ☒ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
- ☒ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- ☐ Other: (list below)

<b>PHA 5-Year and Annual Plan</b>		<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
<b>6.0</b>	<b>PHA Plan Update</b>  (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Pet Policy (Security Deposit Fee Amount) Violence Against Women Act (Notification) Violence Against Women Act (HUD Form 91066) Public Housing and Section 8 Programs Income Limits (Admission Only) Section 8 Program Payment Standards Utility Allowances Schedule for the Housing Choice Voucher Program Utility Allowances Schedule for the Public Housing Program		



**PHA Plan Update**

(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.

## Display Locations For PHA Plans

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices
- ☐ Main administrative office of the local government
- ☐ Main administrative office of the County government
- ☐ Main administrative office of the State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

## 6.1

### **1. Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures**

#### **A. Public Housing**

##### **(1) Eligibility**

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- ☒ When families are within a certain number of being offered a unit: (five)
- ☐ When families are within a certain time of being offered a unit: (state time)
- ☐ Other: Upon receipt of completed application

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- ☒ Criminal or Drug-related activity
- ☒ Rental history
- ☐ Housekeeping
- ☒ Other) Outstanding utilities balances & the ability to secure utilities in the head-of household name, previous State and/or Federal incarceration and consumer debt

c. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. ☒ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

## **6.1**

### **(2)Waiting List Organization**

a. Which methods does the PHA plan to use to organize its public housing waiting list  
(select all that apply)

- ☒ Community-wide list
- ☐ Sub-jurisdictional lists
- ☐ Site-based waiting lists
- ☐ Other (describe)

b. Where may interested persons apply for admission to public housing?

- ☒ PHA main administrative office
- ☒ PHA development site management office
- ☐ Other (list below)

### **(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the  
bottom of or are removed from the waiting list? (select one)

- ☒ One
- ☐ Two
- ☐ Three or More

b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?

### **(4) Admissions Preferences**

a. Income targeting:

- ☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by  
targeting more than 40% of all new admissions to public housing to  
families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- ☐ Emergencies
- ☒ Over housed
- ☐ Under housed
- ☒ Medical justification
- ☒ Administrative reasons determined by the PHA (e.g., to permit modernization  
work)
- ☐ Resident choice: (state circumstances below)
- ☒ Other: Life endangerment verified by written police request and  
information from the police officer.

## Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)?
2. Which of the following admission preferences does the PHA plan to employ in the coming year?

### Former Federal preferences:

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☒ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

### Other preferences: (select below)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

## 1 Date and Time

### Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 1 Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

### Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes

☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- ☐ The PHA applies preferences within income tiers  
☒ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- ☒ The PHA-resident lease  
☒ The PHA's Admissions and (Continued) Occupancy policy  
☒ PHA briefing seminars or written materials  
☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- ☐ At an annual reexamination and lease renewal  
☒ Any time family composition changes  
☐ At family request for revision  
☐ Other (list)

**(6) Deconcentration and Income Mixing**

a. ☐ Yes ☒ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. ☐ Yes ☒ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. ☐ Yes ☒ No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

d. If the answer to d was yes, how would you describe these changes? (select all that apply)

- ☒ Additional affirmative marketing radio announcements  
☒ Actions to improve the marketability of certain developments Leverage CFFP  
☐ Adoption or adjustment of ceiling rents for certain developments  
☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing  
☐ Other (list below)

e. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- ☒ Not applicable: results of analysis did not indicate a need for such efforts  
☐ List (any applicable) developments below:

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- ☒ Not applicable: results of analysis did not indicate a need for such efforts  
☐ List (any applicable) developments below:

## 6.1 B.

### **Section 8 Program**

#### **(1) Eligibility**

a. What is the extent of screening conducted by the PHA? (select all that apply)

- ☒ Criminal or drug-related activity only to the extent required by law or regulation  
☐ Criminal and drug-related activity, more extensively than required by law or regulation  
☒ More general screening than criminal and drug-related activity (list factors below)  
☒ Other Previous rental history, consumer debts and the ability to secure utilities in the head-of-household name.

b. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. ☒ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- ☐ Criminal or drug-related activity  
☒ Other: Previous address of applicants, if information is provide in applicant's files.

#### **(2) Waiting List Organization**

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

- ☒ None  
☐ Federal public housing  
☐ Federal moderate rehabilitation  
☐ Federal project-based certificate program  
☐ Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- ☐ PHA main administrative office  
☒ Other (list below) **29150 Carlysle Street**

### **(3) Search Time**

- a. ☒ Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below: Once the Request for Tenancy Approval form is submitted the 60-day period is frozen.

### **(4) Admissions Preferences**

#### a. Income targeting

- ☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

#### b. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent (

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

#### Former Federal preferences

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)  
☒ Victims of domestic violence  
☐ Substandard housing  
☐ Homelessness  
☐ High rent burden (rent is > 50 percent of income)

#### Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability  
☐ Veterans and veterans' families  
☐ Residents who live and/or work in your jurisdiction  
☐ Those enrolled currently in educational, training, or upward mobility programs  
☐ Households that contribute to meeting income goals (broad range of incomes)  
☐ Households that contribute to meeting income requirements (targeting)  
☐ Those previously enrolled in educational, training, or upward mobility programs  
☐ Victims of reprisals or hate crimes  
☒ Other preference(s) Due to the number of vacant units in public housing, applicants currently receiving assistance in public housing will be housed after those applicants not currently receiving any rental assistance.

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

2 Date and Time

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 2 Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- ☐ Date and time of application
- ☒ Drawing (lottery) or other random choice technique

5. Relationship of preferences to income targeting requirements: (select one)

- ☐ The PHA applies preferences within income tiers
- ☒ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Special Purpose Section 8 Assistance Programs**

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- ☒ The Section 8 Administrative Plan
- ☒ Briefing sessions and written materials
- ☐ Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- ☒ Through published notices
- ☐ Other (list below)

## 6.2

### Statement of Financial Resources

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1 Federal Grants (FY 2010 grants)</b>		
a) Public Housing Operating Fund	3,957,401	
b) Public Housing Capital Fund	1,324,069	
c) HOPE VI Revitalization	N/A	
d) HOPE VI Demolition	N/A	
e) Annual Contributions for Section 8 Tenant-Based Assistance	2,618,436	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	N/A	
g) Resident Opportunity and Self-Sufficiency Grants	0	
h) Community Development Block Grant	0	
i) HOME	0	
Other Federal Grants (list below)		
<b>CFFP</b>	1,663,550	
<b>ARRA</b>	1,673,293	
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
MI28R02750106	60,538	
MI28R02750306	1,789	
MI28R02750107	62,004	
MI28R02750108	61,050	
MI28R02750209	57,285	
<b>3. Public Housing Dwelling Rental Income</b>	770,000	
<b>4. Other income (list below)</b>		
<b>4. Non-federal sources (list below)</b>		
Non-Dwelling Rental	75,000	
Investment Interest		
Other	30,000	
<b>Total resources</b>	12,297,130	

## 6.3



### **3. PHA Rent Determination**

#### **A. Public Housing**

##### **(1) Income Based Rent Policies**

a. Use of discretionary policies: (select one)

- ☒ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0  
☐ \$1-\$25  
☒ \$26-\$50

2. ☒ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below: **See ACOP Section (A) (6-2, 6-3, 6-4 & 6-5).**

c. Rents set at less than 30% than adjusted income

1. ☐ Yes ☒ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

☒ For the earned income of a previously unemployed household member

☐ For increases in earned income

☐ Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

☐ Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

☐ For household heads

☐ For other family members

☐ For transportation expenses

☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families

☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income)  
(select one)

- ☐ Yes for all developments  
☐ Yes but only for some developments  
☒ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- ☐ For all developments  
☐ For all general occupancy developments (not elderly or disabled or elderly only)  
☐ For specified general occupancy developments  
☐ For certain parts of developments; e.g., the high-rise portion  
☐ For certain size units; e.g., larger bedroom sizes  
☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- ☐ Market comparability study  
☐ Fair market rents (FMR)  
☐ 95<sup>th</sup> percentile rents  
☐ 75 percent of operating costs  
☐ 100 percent of operating costs for general occupancy (family) developments  
☐ Operating costs plus debt service  
☐ The "rental value" of the unit  
☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- ☐ Never  
☐ At family option  
☒ Any time the family experiences an income increase  
☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_  
☒ Other (list below) when family experience a family composition change.

- g. ☐ Yes ☐ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

## **(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- ☒ The section 8 rent reasonableness study of comparable housing
- ☐ Survey of rents listed in local newspaper
- ☒ Survey of similar unassisted units in the neighborhood
- ☐ Other (list/describe below)

6.3

## **3. PHA Rent Determination**

### **B. Section 8 Tenant-Based Assistance**

#### **(1) Payment Standards**

a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☐ At or above 90% but below 100% of FMR
- ☒ 100% of FMR
- ☐ Above 100% but at or below 110% of FMR
- ☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ The PHA has chosen to serve additional families by lowering the payment standard
- ☐ Reflects market or submarket
- ☐ Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ Reflects market or submarket
- ☐ To increase housing options for families
- ☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- ☒ Annually
- ☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- ☒ Success rates of assisted families
- ☒ Rent burdens of assisted families
- ☐ Other (list below)

## **(2) Minimum Rent**

a. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0  
☐ \$1-\$25  
☒ \$26-\$50

b. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

**6.4**

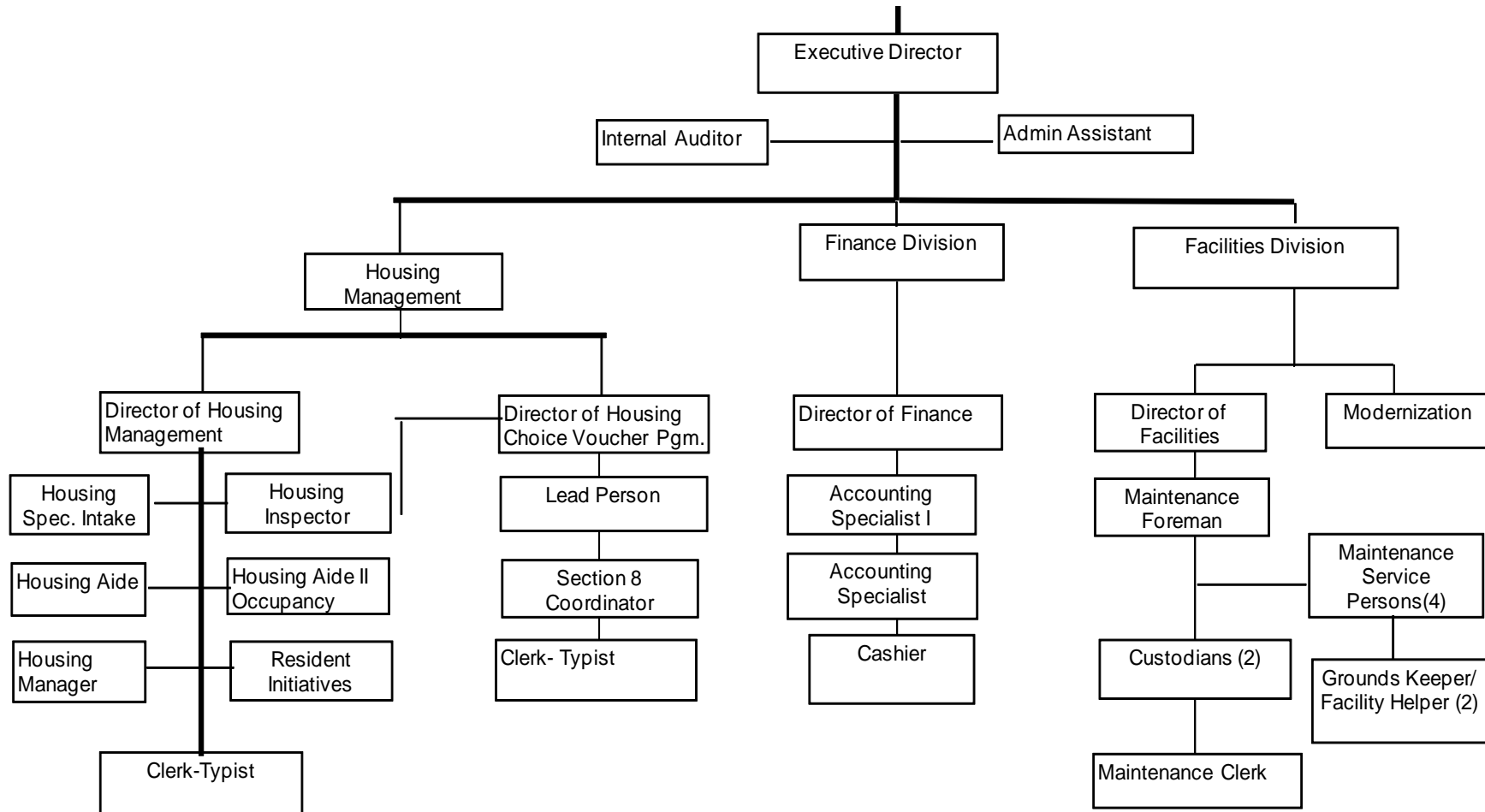
## **4. Operations and Management**

### **A. PHA Management Structure**

☒ An organization chart showing the PHA's management structure and organization is attached.

**Insert Chart Here.....**

# Inkster Housing Commission Organization Chart



- ☒ A brief description of the management structure and organization of the PHA follows:

Inkster Housing commission receives its operating subsidy for the public housing program from the Department of Housing and Urban Development. Inkster Housing commission is not a federal department or agency. Inkster Housing commission is a governmental or public body, created and authorized by state law to develop and operate housing and housing programs for low-income families. Inkster Housing commission enters into an Annual Contributions Contract with HUD to administer the public housing program. Inkster Housing commission must ensure compliance with federal laws, regulations and notices and must establish policy and procedures to clarify federal requirements and to ensure consistency in program operation.

The Admissions and Continued Occupancy (ACOP) and The Administrative Plan states the methods of operation for Public Housing and the Section 8 programs. Both plans are used daily by staff to ensure consistency in program operation and to assist families to understand the rules and requirements of the programs.

The Public Housing Program is funded by the federal government and administered by the Inkster Housing Commission for the jurisdiction of The City of Inkster, Michigan County of Wayne.

The Section 8 tenant-based Housing Choice Voucher (HCV) assistance program is funded by the federal government and administered by the Inkster Housing Commission for the jurisdiction of City of Inkster, Michigan / Counties of Wayne / Washtenaw].

Inkster Housing Commission is governed by a board of officials that are called “commissioners.” Commissioners are appointed in accordance with state housing law and generally serve in the same capacity as the directors of a corporation. The board of commissioners establishes policies under which the Inkster Housing Commission conducts business, and ensures that those policies are followed by Inkster housing Commission staff. Formal actions of Inkster Housing Commission are taken through written resolutions, adopted by the board and entered into the official records of the Inkster Housing Commission.

## **2. HUD Programs Under PHA Management**

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	777	5/month
Section 8 Vouchers	751	30/Year
Section 8 Certificates	N/A	
Section 8 Mod Rehab	N/A	
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	
Public Housing Drug Elimination Program (PHDEP)	N/A	
Other Federal Programs(list individually)		

## **2. Management and Maintenance Policies**

(1) Public Housing Maintenance and Management: (list below)  
Financial Policies, (Disposition, Investment, Capitalization, Inventory and Check signing) Procurement Procedures/Procurement policy, public Housing Maintenance Plan, Public Housing Admission Policy, Admission & Continued Occupancy Policy(Grievance Procedures), Section 8 Administrative Plan, Personnel Policy Handbook, Public Housing Occupancy Guidebook and Administrative Order #s: 1,2,6,12,14,18,22,26,28,30,36 and 41

(2) Section 8 Management: (list below)  
Administrative Plan and CFR 24 Section 903, HUD Handbook 7420 and Housing Quality Standards Inspection Manual.

## **6.5**

### **5. PHA Grievance Procedures**

#### **A. Public Housing**

1. ☐ Yes ☒ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- ☒ PHA main administrative office  
☐ PHA development management offices  
☐ Other (list below)

### **5. PHA Grievance Procedures**

#### **B. Section 8 Tenant-Based Assistance**

1. ☐ Yes ☒ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- ☐ PHA main administrative office  
☒ Other (list below) 29150 Carlyle (Section 8 Office)

## 6.6

### 6. **Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

1. ☒ Yes ☐ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

Designation of Public Housing Activity Description
1a. Development name: Twin Towers Development 1b. Development (project) number: MI28P27-04
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (08/15/10)
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input checked="" type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 160 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development



## 6.7

### **7. Community Service and Self-Sufficiency**

#### **1. COMMUNITY SERVICE AND SELF SUFFICIENCY POLICY**

##### **A. Background**

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt (see definitions) public housing adult's residents (18 or older) contribute Eight (8) hours per month of community service (volunteer work) or practice in Eight (8) hours of training, counseling, classes or other activities to assist an individual toward self-sufficiency and/or economic independence. Residents are required to participate in Community Service or Self Sufficiency programs to continue as residents of public housing.

##### **B. Definitions**

**Community Service-** volunteer work which includes, but is not limited to:

- Work at a local institutions such as: school child care center, hospital, hospice, recreation center, senior center, adult day care center, homeless shelter, indigent feeding program, cooperative food bank, etc.;
- Work with a non-profit organization that serves PHC residents or their children such as Boy Scouts, Girl Scouts, Boys and Girls Clubs, 4-H program, PAL, garden clubs, community clean-up programs, beautification programs, other youth/senior organizations;
- Helping neighborhood groups with special projects;
- Working through resident organization to help other residents with problems, serving as an officer in a Resident organization, serving on the Resident Advisory Board; and
- Caring for the children of other residents so they may volunteer.

**Note: Political activity is excluded.**

**Self Sufficiency Activities-** activities that include, but are not limited to:

- Job readiness programs:
- Job training programs:
- GED classes:
- Substance abuse or mental health counseling:
- English proficiency or literacy (reading) classes:
- Apprenticeships:
- Budgeting and credit counseling:
- Any kind of class that helps a person toward economic independence; and
- Full time student status at any school, college or vocational school.
- Provide names and contacts at agencies that can provide opportunities for residents, including disabled, to fulfill their Community Service obligations. (According to the Quality Housing and Work Responsibility Act, a disabled person who can otherwise be gainfully employed is not necessarily exempt from the Community Service requirement): and

- Provide in-house opportunities for volunteer work or self sufficiency programs.
- 2. The IHC will provide the family with exemption verification forms and Recording/Certification documentation forms and a copy of this policy at initial application and at lease execution.
- 3. The IHC will make the final determination as to whether or not a family member is exempt from the Community Service requirement. Residents may use the IHC Grievance Procedure if they disagree with the IHC determination.
- 4. Noncompliance of family member:
  - At lease thirty (30) days prior to annual re-examination and /or lease exemption, the IHC will begin reviewing the exempt or non-exempt status and compliance of family members;
  - If the IHC finds a family member to be noncompliant, the IHC will enter into an agreement with the noncompliant member and the Head of household to make up the deficient hours over the next twelve (12) month period;
  - If, at the next annual re-examination, the family member still is not compliant, the lease will not be renewed and the entire family will have to vacate, unless the noncompliant member agrees to move out of the unit;
  - The family may use the IHC's Grievance Procedure to protest the lease termination.

## AGENCY AGREEMENT

Name Agency: \_\_\_\_\_

**The above agency agrees to participate in the U.S. Department of Housing and Urban Development's (HUD) Quality Housing and Work Responsibility Act of 1998. This Act requires that all non-exempt public housing adult resident 18 or older that do not contribute to their monthly rental payments must participate in the Community Service or Self-Sufficiency Requirements. The requirement is that every adult resident contribute eight (8) hours of community service each month or Self-sufficiency Activities.**

**We thank you for your agency's partnership with the Inkster Housing Commission in providing a site for the residents to participate in obtaining their 8 hours of service to the community.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

## 6.7

### **7. Community Service and Self-Sufficiency**

#### **2. COMMUNITY SERVICE AND SELF SUFFICIENCY POLICY**

<b>Services and Programs</b>				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
<i>Employment &amp; Training Designs Inc.</i>	<i>Open</i>	<i>Referrals</i>	<i>EDT</i>	<i>Both</i>
Wayne County Community College	Open	Resident Workshops	Resident Council Office	Public Housing

#### **(2) Family Self Sufficiency program/s**

##### a. Participation Description

<b>Family Self Sufficiency (FSS) Participation</b>		
Program	Required Number of Participants (start of FY 2005 Estimate)	Actual Number of Participants (As of: 08/01/08)
Public Housing		
Section 8	24	0

## 6.7

### **C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- ☒ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- ☒ Informing residents of new policy on admission and reexamination
- ☒ Actively notifying residents of new policy at times in addition to admission and reexamination.
- ☒ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- ☐ Establishing a protocol for exchange of information with all appropriate TANF agencies
- ☐ Other: (list below)

## **8. Safety and Crime Prevention**

### **A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- ☐ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- ☐ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- ☒ Residents fearful for their safety and/or the safety of their children
- ☒ Observed lower-level crime, vandalism and/or graffiti
- ☐ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- ☐ Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- ☒ Safety and security survey of residents
- ☒ Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☒ Resident reports
- ☒ PHA employee reports
- ☒ Police reports
- ☐ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- ☐ Other (describe below)

3. Which developments are most affected? (list below) (All developments are equally affected).

### **B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year**

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- ☒ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities.
- ☒ Crime Prevention through Environmental Design
- ☐ Activities targeted to at-risk youth, adults, or seniors
- ☐ Volunteer Resident Patrol/Block Watchers Program
- ☐ Other (describe below)

2. Which developments are most affected? (list below) (All developments are equally affected).

## **6.8**

### **C. Coordination between PHA and the police**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☒ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- ☒ Police provide crime data to housing authority staff for analysis and action
- ☒ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- ☒ Police regularly testify in and otherwise support eviction cases
- ☒ Police regularly meet with the PHA management and residents
- ☒ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- ☒ Other activities (list below)

2. Which developments are most affected? (All developments are equally affected).

## **6.9**

### **9. PET OWNERSHIP POLICY**

#### **1. INTRODUCTION**

- A. This section explains Management's policies on the keeping of pets and any criteria or standards pertaining to the policy. The rules are adopted in relationship to Management's intent to provide a decent, safe and sanitary living environment for all Residents, to protecting and preserving the physical condition of the property, and the financial interest of Management.

#### **2. MANAGEMENT APPROVAL OF PETS**

##### **A. Registration of Pets:**

**Residents must submit their request for a pet in writing and enter into a Pet Agreement with the Agency. All pets must be approved in advance and registered with agency management before they are brought onto the premises.**

**Pet Registration includes:**

- 1. Current license for the pet in compliance with local ordinances and requirements.**

2. Certificate signed by a licensed veterinarian or State/local authority that the pet has received all inoculations required by State or local law, and that the pet has no communicable disease(s) and is pest-free.
3. Dogs and cats must be spayed or neutered.
4. Execution of a Pet Agreement with the Agency stating that the tenant acknowledges complete responsibility for the care and cleaning of the pet.
5. Registration must be renewed and will be coordinated with the annual recertification date.
6. Approval for the keeping of a pet shall not be extended pending the completion of these requirements.

**B. Refusal to Register Pets:**

If the Agency refuses to register a pet, a written notification will be sent to the pet owner stating the reason for denial and shall be served in accordance with HUD Notice requirements. The notice of refusal may be combined with a notice of a pet violation. The Agency will refuse to register a pet if:

The pet is not a common household pet as defined in this policy;

1. Keeping the pet would violate any House Pet Rules;
2. The pet owner fails to provide complete pet registration information, or fails to update the registration annually;
3. Management reasonable determines that the pet owner is unable to keep the pet in compliance with the pet rules and other lease obligations. The pet's temperament and behavior may be considered as a factor in determining the pet owner's ability to comply with provisions of the lease.

**C. A Resident who cares for another resident's pet must notify Management and agrees to abide by all of the pet rules in writing.**

**3. STANDARDS FOR PETS**

**A. Persons with Disabilities:**

Pet rules will be applied to animals that assist persons with disabilities. To be eligible for the reduced pet deposit for disabled resident owners, the resident/pet owner must certify:

1. That there is a person with disabilities in the household;
2. That the animal has been trained to assist with the specified disability;
- and
3. That the animal actually assists the person with the disability.

**B. Types of Pets Allowed**

**Tenants are not permitted to have more than one type of pet, except as provided herein. A resident may keep no types of pets other than the following:**

**1. Dogs (Pit Bulls and Rottweiler will NOT be allowed under any circumstances)**

**(Non-Refundable Pet Fee of \$150.00}**

- a. Maximum number: One (1)**
- b. Maximum adult weight: 15 pounds**
- c. Must be housebroken**
- d. Must be spayed or neutered**
- e. Must have all required inoculations**
- f. Must be licensed as specified now or in the future by State law and local ordinance.**

**Cats (Non-Refundable Pet Fee of \$150.00}**

- g. Maximum number: One (1)**
- h. Maximum adult weight: 15 pounds**
- i. Must be declawed**
- j. Must be spayed or neutered**
- k. Must have all required inoculations**
- l. Must be trained to use a litter box or other waste receptacle**
- m. Must be licensed as specified now or in the future by State or local ordinance**

**Birds (Non-Refundable Pet Fee of \$100.00}**

- n. Maximum number: Two (2)**
- o. Must be enclosed in a cage at all times**

**4. Fish (Non-Refundable Pet Fee of \$100.00}**

- p. Maximum aquarium size:.75 gallons**
- q. Must be maintained on an approved stand**

**5. Rodents (Guinea pigs, hamsters, or gerbils ONLY) (Non-Refundable Pet Fee of \$150.00}**

- r. Maximum number: Two (2)**
- s. Must be enclosed in an acceptable cage at all times**
- t. Must have any or all inoculations as specified now or in the future by State law or local ordinance**

**6. Turtles (Non-Refundable Pet Fee of \$150.00}**

- u. maximum number: Two (2)**
- v. Maximum adult weight: 5 pounds**
- w. Must be enclosed in an acceptable cage or container at all times**



**6.9**

**4. PETS TEMPORARILY ON THE PREMISES**

**A. Pets, which are not owned by a Resident, will not be allowed. Residents are prohibited from feeding or harboring stray animals.**

**5. DESIGNATION OF PET/NO-PET AREAS**

**A. Pets will not be allowed in Housing Offices, Community Centers, and Maintenance Shops/areas.**

**6. ADDITIONAL FEES AND DEPOSITS FOR PETS**

**A. The resident/pet owner shall be required to pay an amount equal to 1 ½ times the monthly rent for dog, cat, birds, fish, rodents and turtles not to exceed the maximum number of animals allowed by IHC which are refundable Pet Deposit for the purpose of defraying all reasonable costs directly attributable to the presence of a pet. The Pet Deposit must be received by the Agency on or prior to the date the pet is properly registered and brought into the assisted unit. The Agency reserves the right to change or increase the required deposit by amendment to these rules.**

**7. ALTERATIONS TO UNIT**

**Residents/pet owners shall not alter their unit, patio, premises or common areas to create an enclosure for any animal.**

**8. PET WASTE REMOVAL CHARGES**

**A. Resident/pet owner is responsible for all pet waste from the assisted unit and surrounding areas. Pet deposit and pet waste removal charges are not part of rent payable by the resident. All reasonable expenses incurred by the Agency as the result of damages directly attributable to the presence of the pet will be the responsibility of the resident, including:**

- 1. Cleaning and related waste removal;**
- 2. The cost of repairs and replacements to the dwelling unit;**
- 3. Fumigation of the dwelling unit.**
- 4. If the Resident is in occupancy when such costs occur. The Resident shall be billed for such costs as a current charge. If such expenses occur as the result of a move-out inspection, they will be deducted from the pet deposit. The Resident will be billed for any amount, which exceeds the pet deposit. The pet deposit will be refunded when the resident moves out or no longer have a pet on the premises, whichever occurs first. The expense of flea disinfestations shall be the responsibility of the resident.**

**6.9**

**9. PET AREA RESTRICTIONS**

- A. Pets must be maintained within the resident's unit. When outside of the unit (within the building or on the grounds) dogs and cats must be kept on a leash or carried and under the control of the resident or other responsible individual at all times.**
- B. Pets are not permitted in common areas including community rooms and laundry areas.**

**6.10**

**10. Civil Rights Certifications**

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

**6.11**

**11. Fiscal Audit**

- 1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
- 2. ☐ Yes ☒ No: Was the most recent fiscal audit submitted to HUD?
- 3. ☐ Yes ☒ No: Were there any findings as the result of that audit?
- 4. ☐ Yes ☒ No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain
- 5. ☐ Yes ☒ No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they Due ?

**6.12**

**12. PHA Asset Management**

- 1. ☒ Yes ☐ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.

The Housing Commission has adopted Project-based Accounting and Management as its method of operation. The Finance Director attended Project-based Accounting and Management training in September 2009 to ensure that the latest regulations are adhered to on a daily basis. All developments contain Cost Centers within the development that only support the cost of long-term operation, capital investment, modernization and other

needs to provide affordable housing at each development. The Central Cost Center provides revenue for the Administrative Staff only.

2. What types of asset management activities will the PHA undertake? (select all that apply)

- ☐ Not applicable
- ☐ Private management
- ☐ Development-based accounting
- ☐ Comprehensive stock assessment
- ☒ Other: (list below) Project-based Accounting and Management

## 6.13

### **VIOLENCE AGAINST WOMEN ACT**

**Public reporting burden** for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by owners and management agents administering Section 8 project-based assistance under the United States Housing Act of 1937 (42 U.S.C. 1437) to request a tenant to certify that the individual is a victim of domestic violence, dating violence, or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

**Purpose of Form:** The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking (collectively “domestic violence”) from being evicted or terminated from housing assistance based on acts of such violence against them.

**Use of Form:** If you have been a victim of domestic violence, you or a family member on your behalf must complete and submit this certification form, or submit the information described below under “Alternate Documentation,” which may be provided in lieu of the certification form, within 14 business days of receiving the written request for this certification form by the owner or management agent. The certification form or alternate documentation must be returned to the person and the address specified in the written request for the certification form. If the requested certification form or the information that may be provided in lieu of the certification form is not received by the 14th business day or any extension of the date provided by the owner or management agent, none of the protections afforded to victims of domestic violence under the Section 8 project-based assistance program will apply. Distribution or issuance of this form does not serve as a written request for certification.

**Alternate Documentation:** In lieu of this certification form (or in addition to it), the following documentation may be provided:

(1) A federal, state, tribal, territorial, or local police or court record; or

(2) Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or medical professional, from whom the victim has sought assistance in addressing the domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident(s) in question are bona fide incidents of abuse, and the victim has signed or attested to the documentation.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE:**

**1. Date written request is received from owner or management agent:**

\_\_\_\_\_

**2. Name of victim:**

\_\_\_\_\_  
\_\_\_\_\_

**3. Your name (if different):**

\_\_\_\_\_

**4. Name(s) of other family members listed on the lease:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Name of the abuser:**

\_\_\_\_\_  
\_\_\_\_\_

**6. Relationship of the abuser to the victim:**

\_\_\_\_\_

**7. Date of incident:**

\_\_\_\_\_  
\_\_\_\_\_

**8. Time of incident:**

\_\_\_\_\_  
\_\_\_\_\_

**9. Location of incident:**

\_\_\_\_\_  
\_\_\_\_\_

**{Page two must be completed and attached to this form.}**

**Description of Incident:**

In your own words, describe the incident (Attach more sheets if needed. Initial and number each attachment.):

---

---

---

---

---

---

---

---

This is to certify that the information provided is true and correct, and that the individual named above in Item 2 is a victim of domestic violence, dating violence, or stalking. The incident(s) in question is a bona fide incident(s) of such actual or threatened abuse. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for termination of Section 8 project-based assistance or eviction from assisted property.

Signature \_\_\_\_\_ Executed on (Date) \_\_\_\_\_

Pursuant to 42 U.S.C. 1437f(ee)(2)(A), all information provided to an owner or management agent related to the incident(s) of domestic violence, dating violence or stalking, including the fact that an individual is a victim of domestic violence, dating violence or stalking shall be retained in confidence by the owner or management agent and shall neither be entered into any shared database nor provided to any related entity, except to the extent that such disclosure is:

- (1) Requested or consented to by the victim in writing;
- (2) Required for use in an eviction proceeding or termination of assistance; or
- (3) Otherwise required by applicable law

## 6.13

**LEASE ADDENDUM**  
**VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT**  
**REAUTHORIZATION ACT OF 2005**

PUBLIC HOUSING PROGRAM \_\_\_\_\_ SECTION 8  
PROGRAM: \_\_\_\_\_

INKSTER HOUSING COMMISSION 4500 INKSTER ROAD INKSTER, MICHIGAN 48141	RESIDENT:	UNIT No.: ADDRESS:
--	-----------	-----------------------

This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

### **Purpose of the Addendum**

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

### **Conflicts with Other Provisions of the Lease**

In case of any conflict between the provisions of this Addendum and other sections  
of the Lease, the provisions of this Addendum shall prevail.

### **Term of the Lease Addendum**

The effective date of this Lease Addendum is \_\_\_\_\_. This Lease Addendum shall continue to be in effect until the Lease is terminated.

### **VAWA Protections**

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.

3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

_____	
Tenant	Date
_____	
IHC Staff	Date



7.0 (A)

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
<p>7.0</p>	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p><b>B. HOPE VI and Public Housing Development</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)</p> <p>1. Development name: 2. Development (project) number: 3. Status of grant: (select the statement that best describes the current status)</p> <p><input type="checkbox"/> Revitalization Plan under development <input type="checkbox"/> Revitalization Plan submitted, pending approval <input type="checkbox"/> Revitalization Plan approved <input type="checkbox"/> Activities pursuant to an approved Revitalization Plan underway</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year? If yes, list development name/s below:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below: The Inkster Group Inc. will partnership with Developer Partners to submit a LIHTC Application to MSHDA.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below: Accumulate Replacement Housing Factor Funds for future Homeownership opportunities for public housing and section 8 families</p>	

7.0(B)

**Demolition and Disposition**

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year?

7.0 (C)

**7. Conversion of Public Housing to Tenant-Based Assistance**

**A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act**

1. ☐ Yes ☒ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)
- a. How many of the PHA developments are subject to the Required Initial Assessments? Five
  - b. How many of the PHA developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? One
  - c. How many Assessments were conducted for the PHA covered developments? Five
  - d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:  
None of the developments are appropriate for Converting public housing to tenant-based assistance.

**B. The initial assessment of converting the public housing stock to tenant-based assistance is inappropriate for Inkster Housing Commission for the following reasons: After a review of each development's operation as public housing units, while considering converting the housing stock to tenant-based assistance. IHC have concluded that such a conversion is inappropriate for the following reasons:**

- 1) All public housing units was renovated using the Capital Fund Financing Program during, 2008-09. In-addition 2000 Census indicated that the Median Contract Rent was \$449.00 with (18) % of households in poverty. The majority of the families would not be able to afford tenant-based assistance.
- 2) Currently, the majority of the residents remain in public housing to receive subsidized rents and utilities allowances due to limited monthly incomes. Tenant-based rent would require public housing residents to pay a larger portion of their income for rent and utility bills, which further reduce residents' ability to afford basis household necessities. There are no benefits for low-income families to receive tenant-based assistance at this time.
- 3) Secondly, Tenant-Based Assistance, if provided to public housing residents, would most likely be ported to surrounding cities that offer larger supply of rental properties to meet their needs of larger bedrooms-type housing.

4) Many of the local developers provides low-interest loans to first time homebuyers if they purchase newly built homes in the city of Inkster, many of the public housing residents have expressed interest in becoming homeowners through the low-interest homeownership program but, are unable to save enough money for the down payment with limited credit available.

**7.0(D)**

**7. Homeownership Programs Administered by the PHA**

**A. Public Housing And Section 8**

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937.

**7.0(D)**

**B. Section 8 Tenant Based Assistance**

1. ☒ Yes ☐ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982.

**7.0(E)**

**B. Section 8 Project-Based Assistance**

1. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 project-based vouchers program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982.

## 8.0

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p> <p><b>Description of Modernization/Development Plan</b></p> <p>In 2009 the Housing Commission used loan proceeds to complete various modernization projects throughout all of its developments. The goal of the Commission is to bring all of its units up to market rate condition and to save on ongoing maintenance and repair expenses. Renovation work included door and hardware replacement (interior, exterior, storm, closet); repair/paint walls and ceilings; complete kitchen renovation including cabinets, fixtures, lighting, plumbing, electrical; install fire alarm and detection system; replace roofing system including fascia, rake and soffit; replace exterior light fixtures at Lemoyne Gardens (M1027-01, 185 units). Similar work is planned at Lemoyne Gardens (M1027-02, 90 units); Demby Terraces (M1027-03, 185 units); Canterbury Estates (M1027-05, 24 units). At Parkside Estates (M1027-06, 134 units) similar work is being undertaken with door replacement, kitchen remodels, roof system replacement, fire alarm detection and bathroom renovations as well.</p> <p>Capital Improvements at Twin Towers Development (M1027- 04) consisting (160) apartments will be reduced to (120) large one-bedroom apartments through the usage of the Capital Fund Stimulus Grant. The Department of Housing and Urban Development (HUD) recommend that priority be given to Capital Fund Stimulus Grant projects that would be awarded contracts based on bids within (120) days of February 17, 2009 be considered first. Therefore, Inkster Housing Commission determined that the best approach would be to renovate the south tower, with the Stimulus Grant. Previously renovation of the south tower was delayed due to the lack of Capital Improvements Funds.</p> <p>The scope of work included demolition of the first through tenth floors to create large one-bedroom apartments, A/C sleeve installation, new wall framing, electrical, plumbing, gypsum board wall repair, wall openings, mechanical, fin tube heating system, and wall finishing in order to convert one (1) bedroom units at 352 sq. ft. into one (1) bedroom units at 720 sq. ft on each floor.</p> <p>The Housing Commission chose to pursue the renovation scope of work via a stand-alone CFFP transaction as opposed to annual appropriations because it allowed the Housing Commission to complete the needed repairs, replacements, and upgrades in a shorter amount of time so that all of its developments are brought to the same standard simultaneously to complete the needed repairs, replacements and upgrades in a shorter amount of time so that all of its developments are brought to the same standard simultaneously.</p>	

**Dwelling Units with Approval Vacancies  
American Recovery and Reinvestment Act**

Vacant Unit Report: Inkster Housing Commission  
Scheduled Modernization  
100 Units

Street Address

2000 INKSTER ROAD 601  
2000 INKSTER ROAD 602  
2000 INKSTER ROAD 603  
2000 INKSTER ROAD 604  
2000 INKSTER ROAD 605  
2000 INKSTER ROAD 606  
2000 INKSTER ROAD 607  
2000 INKSTER ROAD 608  
2000 INKSTER ROAD 609  
2000 INKSTER ROAD 610  
2000 INKSTER ROAD 611  
2000 INKSTER ROAD 612  
2000 INKSTER ROAD 613  
2000 INKSTER ROAD 614  
2000 INKSTER ROAD 615  
2000 INKSTER ROAD 616  
2000 INKSTER ROAD 617  
2000 INKSTER ROAD 618  
2000 INKSTER ROAD 619  
2000 INKSTER ROAD 620  
2000 INKSTER ROAD 621  
2000 INKSTER ROAD 622  
2000 INKSTER ROAD 623  
2000 INKSTER ROAD 624  
2000 INKSTER ROAD 625  
2000 INKSTER ROAD 626  
2000 INKSTER ROAD 627  
2000 INKSTER ROAD 628  
2000 INKSTER ROAD 629  
2000 INKSTER ROAD 630  
2000 INKSTER ROAD 631  
2000 INKSTER ROAD 632  
2000 INKSTER ROAD 633  
2000 INKSTER ROAD 634  
2000 INKSTER ROAD 635  
2000 INKSTER ROAD 636  
2000 INKSTER ROAD 637  
2000 INKSTER ROAD 638  
2000 INKSTER ROAD 639  
2000 INKSTER ROAD 640

Street Address

2000 INKSTER ROAD 651  
2000 INKSTER ROAD 652  
2000 INKSTER ROAD 653  
2000 INKSTER ROAD 654  
2000 INKSTER ROAD 655  
2000 INKSTER ROAD 656  
2000 INKSTER ROAD 657  
2000 INKSTER ROAD 658  
2000 INKSTER ROAD 659  
2000 INKSTER ROAD 660  
2000 INKSTER ROAD 661  
2000 INKSTER ROAD 662  
2000 INKSTER ROAD 663  
2000 INKSTER ROAD 664  
2000 INKSTER ROAD 665  
2000 INKSTER ROAD 666  
2000 INKSTER ROAD 667  
2000 INKSTER ROAD 668  
2000 INKSTER ROAD 669  
2000 INKSTER ROAD 670  
2000 INKSTER ROAD 671  
2000 INKSTER ROAD 672  
2000 INKSTER ROAD 673  
2000 INKSTER ROAD 674  
2000 INKSTER ROAD 675  
2000 INKSTER ROAD 676  
2000 INKSTER ROAD 677  
2000 INKSTER ROAD 678  
2000 INKSTER ROAD 679  
2000 INKSTER ROAD 680  
2000 INKSTER ROAD 681  
2000 INKSTER ROAD 682  
2000 INKSTER ROAD 683  
2000 INKSTER ROAD 684  
2000 INKSTER ROAD 685  
2000 INKSTER ROAD 686  
2000 INKSTER ROAD 687  
2000 INKSTER ROAD 688  
2000 INKSTER ROAD 689  
2000 INKSTER ROAD 690

Street Address

2000 INKSTER ROAD 641  
2000 INKSTER ROAD 642  
2000 INKSTER ROAD 643  
2000 INKSTER ROAD 644  
2000 INKSTER ROAD 645  
2000 INKSTER ROAD 646  
2000 INKSTER ROAD 647  
2000 INKSTER ROAD 648  
2000 INKSTER ROAD 649  
2000 INKSTER ROAD 650

Street Address

2000 INKSTER ROAD 691  
2000 INKSTER ROAD 692  
2000 INKSTER ROAD 693  
2000 INKSTER ROAD 694  
2000 INKSTER ROAD 695  
2000 INKSTER ROAD 696  
2000 INKSTER ROAD 697  
2000 INKSTER ROAD 698  
2000 INKSTER ROAD 699  
2000 INKSTER ROAD 700

Vacant Unit Report: Inkster Housing Commission  
Handicapped Accessible Scheduled Modernization  
4 Units

27438 Moore Circle  
27430 Moore Circle

27434 Moore Circle  
27426 Moore Circle

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.	

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> INKSTER HOUSING COMMISSION		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No:MI28P02750107 Date of CFFP:			<b>FFY of Grant: 2007</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	0	0	0	0
3	1408 Management Improvements	225,000	225,000.51	225,000.51	225,000
4	1410 Administration (may not exceed 10% of line 21)	0	0	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	120,000	110,000	110,000	110,000
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	588,711.76	588,711.25	588,711.25	588,711.25
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	10,000	10,000	10,000	10,000
14	1485 Demolition				
15	1490 Replacement Reserves				
16	1495.1 Relocation Costs	0	10,000	10,000	10,000
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

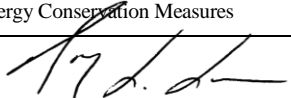
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> INKSTER HOUSING COMMISSION		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI28P02750107 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2007</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	408,585.24	408,585.24	408,585.24	408,585.24
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,352,297	1,352,297	1,352,297	1,352,296.49
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date 10/08/2010</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: INKSTER HOUSING COMMISSION			<b>Grant Type and Number</b> Capital Fund Program Grant No: MI28R02750107 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2007</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	<u>OPERATIONS</u>	1406						
	A. Operations			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
	SUBTOTAL			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
PHA-WIDE	<u>MANAGEMENT IMPROVEMENTS</u>	1408						
	A. Security			225,000	225,000.51	225,000.51	225,000	
	B. Staff Training Project-Based Mgmt			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
	SUBTOTAL			225,000	225,000.51	225,000.51	225,000	
PHA-WIDE	<u>ADMINISTRATION</u>	1410						
	A. Modernization Coordinator & Fringes			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
	SUBTOTAL			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
PHA-WIDE	<u>FEES AND COSTS</u>	1430						
	A. A&E fees and related costs			<u>120,000</u>	<u>110,000</u>	<u>110,000</u>	<u>110,000</u>	
	SUBTOTAL			120,000	110,000	110,000	110,000	
	<u>NON-DWELLING EQUIPMENT</u>	1475						
PHA-WIDE	Compact Utility Tractor			7,450	7,450	7,450	7,450	
PHA-WIDE	K1500A Drain Cleaning Machine			<u>2,550</u>	<u>2,550</u>	<u>2,550</u>	<u>2,550</u>	
	SUBTOTAL			10,000	10,000	10,000	10,000	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part II: Supporting Pages</b>								
PHA Name: INKSTER HOUSING COMMISSION			<b>Grant Type and Number</b> Capital Fund Program Grant No: MI28R02750107 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	<u>DWELLING STRUCTURES</u>	1460						
MI 27-4	Renovate South Tower -Accumulation			0	0	0	0	
MI 27-2	Accumulation flooring with shoe molding			319,340	319,340.24	319,340.24	319,340.24	
MI 27-2	Accumulation flooring with shoe molding			0	0	0	0	
MI 27-3	Accumulation flooring with shoe molding			<u>269,371</u>	<u>269,371.01</u>	<u>269,371.01</u>	<u>269,371.01</u>	_____
	SUBTOTAL			588,711	588,711.25	588,711.25	588,711.25	
PHA-WIDE	<u>RELOCATION COSTS</u>	1495		0	10,000	10,000	10,000	
	SUBTOTAL			0	10,000	10,000	10,000	
PHA-WIDE	Capital Funds Securitization/Debt Service	9000		<u>408,586</u>	<u>408,585.24</u>	<u>408,585.24</u>	<u>408,585.24</u>	
	SUBTOTAL			408,586	408,585.24	408,585.24	408,585.24	
	<b>GRANDTOTAL</b>			<b>1,352,297</b>	<b>1,352,297</b>	<b>1,352,297</b>	<b>1,352,296.49</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: INKSTER HOUSING COMMISSION					<b>Federal FFY of Grant: 2007</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MI 27-1					
Security Fencings	09/12/09		09/12/10		
MI 27-2					
Security Fencings	09/12/09		09/12/11		
MI 27-3					
Security Fencings	09/12/09		09/12/11		
MI 27-4					
Hi-Lo Lifter	09/12/09		09/12/11		
Accumulation	09/12/09		09/12/11		
Renovation Cost					
PHA-Wide					
Capital Fund	09/12/09		09/12/11		
Securitization/	09/12/09		09/12/11		
Occupancy Improvements	09/12/09		09/12/11		
Plan Units	09/12/09		09/12/11		
Operations	09/12/09		09/12/11		
Management Improvements	09/12/09		09/12/11		
Administration	09/12/09		09/12/11		
Fees & Costs	09/12/09		09/12/11		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

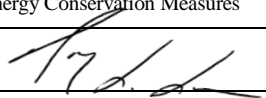
Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> INKSTER HOUSING COMMISSION		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI28P02750108 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	0	0	0	0
3	1408 Management Improvements	225,000	225,000	225,000	36,536.08
4	1410 Administration (may not exceed 10% of line 21)	18,860	10,000	10,000	10,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	120,000	110,000	110,000	110,000
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	406,946	406,946.76	406,946.76	406,946.76
11	1465.1 Dwelling Equipment—Nonexpendable	98,730	98,730	98,730	98,730
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	6,140	6,140	6,140	6,140
14	1485 Demolition				
15	1490 Replacement Reserves				
16	1495.1 Relocation Costs	55,000	73,860	73,860	73,860
17	1499 Development Activities <sup>4</sup>				

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> <b>INKSTER</b> <b>HOUSING</b> <b>COMMISSION</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No:MI28P02750108 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:        ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>	
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	408,586	408,585.24	408,585.24	306,438.93
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,339,262	1,339,262	1,339,262	1,048,651.77
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date 10/08/2010</b>	<b>Signature of Public Housing Director</b>		<b>Date</b>

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part II: Supporting Pages</b>								
PHA Name: INKSTER HOUSING COMMISSION			<b>Grant Type and Number</b> Capital Fund Program Grant No:MI28P02750108 CFFP (Yes/ No): no Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2008</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	<u>OPERATIONS</u>	1406						
	A. Operations			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
	SUBTOTAL			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
PHA-WIDE	<u>MANAGEMENT IMPROVEMENTS</u>	1408						
	A. Security			222,000	222,000	222,000	36,536.08	
	B. Staff Training Project-Based Mgmt			<u>3,000</u>	<u>3,000</u>	<u>3,000</u>	<u>0</u>	
	SUBTOTAL			225,000	225,000	225,000	36,536.08	
PHA-WIDE	<u>ADMINISTRATION</u>	1410						
	A. Modernization Coordinator &Fringes			<u>18,860</u>	<u>10,000</u>	<u>10,000</u>	<u>10,000</u>	
	SUBTOTAL			18,860	10,000	10,000	10,000	
PHA-WIDE	<u>FEES AND COSTS</u>	1430						
	A. A&E fees and related costs			<u>120,000</u>	<u>110,000</u>	<u>110,000</u>	<u>110,000</u>	
	SUBTOTAL			120,000	110,000	110,000	110,000	
	<u>DWELLING STRUCTURES</u>	1460						
MI 27-2	Accumulation flooring with shoe molding			0	0	0	0	
MI 27-3	Accumulation flooring with shoe molding			<u>406,946</u>	<u>406,946</u>	<u>406,946</u>	<u>406,946.76</u>	
	SUBTOTAL			406,946	406,946	406,946	406,946.76	

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

## Part II: Supporting Pages

[illegible]



Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

### **Part III: Implementation Schedule for Capital Fund Financing Program**

PHA Name: INKSTER HOUSING COMMISSION

**Federal FFY of Grant: 2008**[illegible]

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> INKSTER HOUSING COMMISSION	<b>Grant Type and Number</b> Capital Fund Program Grant No: MI28 P02750109 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>	
		<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	0	0		
3	1408 Management Improvements	270,000	270,000	36,790	7,200
4	1410 Administration (may not exceed 10% of line 21)	0	0		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	120,000	120,000	120,000	101,250
8	1440 Site Acquisition				
9	1450 Site Improvement	24,822	24,822	24,822	24,822
10	1460 Dwelling Structures	364,354	357,040.29	144,480.23	111,681.63
11	1465.1 Dwelling Equipment—Nonexpendable	80,000	80,000	80,000	65,419.16
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	5,307.76	5,307.76	5,307.76	5,307.76
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	51,000	58,313.71	58,313.71	58,313.71
17	1499 Development Activities <sup>4</sup>				

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> <b>INKSTER</b> <b>HOUSING</b> <b>COMMISSION</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: MI28 P02750109 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>	
		<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA	0			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	408,585.24	408,585.24	408,585.24	
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,324,069	1,324,069	878,298.94	373,994.26
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date 10/08/2010</b>		<b>Signature of Public Housing Director</b>	
<b>Date</b>		<b>Date</b>		<b>Date</b>	

Part II: Supporting Pages								
PHA Name: INKSTER HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No: MI28 P02750109 CFFP (Yes/ No): no Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	<u>OPERATIONS</u>	1406						
	A. Operations			0				
	SUBTOTAL			0				
PHA-WIDE	<u>MANAGEMENT IMPROVEMENTS</u>	1408						
	A. Security			225,000	225,000			
	B. Staff /Management Training			5,000	5,000			
	C. Computer Software			40,000	40,000	36,790	7,200	
	SUBTOTAL			270,000	270,000	36,790	7,200	
PHA-WIDE	<u>ADMINISTRATION</u>	1410						
	A. Modernization Coordinator & Fringes			0	0	0	0	
	SUBTOTAL			0	0	0	0	
PHA-WIDE	<u>FEES &amp; COSTS</u>	1430						
	A. A&E fees and related costs			120,000	120,000	120,000	101,250	
	SUBTOTAL			120,000	120,000	120,000	101,250	
PHA-WIDE	<u>SITE IMPROVEMENTS</u>	1450						
	A. Landscape			24,822	24,822	24,822	24,822	
	SUBTOTAL			24,822	24,822	24,822	24,822	

Part II: Supporting Pages								
PHA Name: INKSTER HOUSING COMMISSION			Grant Type and Number Capital Fund Program Grant No: MI28 P02750109 CFFP (Yes/ No): no Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	<u>DWELLING STRUCTURES</u>	1460						
MI027-3	A. Accumulation/Flooring with shoe molding			105,661	105,660.24	105,660.24	111,681.63	
MI027-6	B. Accumulation/Flooring with shoe molding			5,773.92	6,021.39	6,021.39	0	
PHA-WIDE	C. Accumulation Funds Renovation Units			220,120.48	212,560.06	0	0	
PHA-WIDE	D. Entrance Core lock replacement			<u>32,798.60</u>	<u>32,798.60</u>	<u>32,798.60</u>	<u>0</u>	
	SUBTOTAL			364,354.00	357,040.29	144,480.23	111,681.63	
PHA-WIDE	<u>DWELLING EQUIPMENT NON-EXPENDABLE</u>	1465						
	A. Appliances			<u>80,000</u>	<u>80,000</u>	<u>80,000</u>	<u>65,419.16</u>	
	SUBTOTAL			80,000	80,000	80,000	65,419.16	
PHA-WIDE	<u>NON DWELLING EQUIPMENT</u>	1475		<u>5,307.76</u>	<u>5,307.76</u>	<u>5,307.76</u>	<u>5,307.76</u>	
	Security Key Cabinet System			5,307.76	5,307.76	5,307.76	5,307.76	
	SUBTOTAL							
PHA-WIDE	<u>RELOCATION COSTS</u>	1495.1						
	Tenant Transfer Relocations			<u>51,000</u>	<u>58,313.71</u>	<u>58,313.71</u>	<u>58,313.71</u>	
	SUBTOTAL			51,000	58,313.71	58,313.71	58,313.71	
PHA-WIDE	<u>CAPITAL FUNDS SECURITIZATION/DEBT</u>							
	<u>SERVICE</u>	9000		<u>408,585.24</u>	<u>408,585.24</u>	<u>408,585.24</u>	<u>0</u>	
	SUBTOTAL			408,585.24	408,585.24	408,585.24	0	
	GRANDTOTAL			<u>1,324,069</u>	<u>1,324,069</u>	<u>878,298.94</u>	<u>373,994.26</u>	

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: INKSTER HOUSING COMMISSION					<b>Federal FFY of Grant: 2009</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
<b>PHA-WIDE</b>					
Dwelling Structure	7/18/11		07/18/13		
Capital Fund	7/18/11		07/18/13		
Securitization/Debt Services	7/18/11		07/18/13		
Dwelling Equipment-	7/18/11		07/18/13		
<b>Nonexpendable</b>					
Operations	7/18/11		07/18/13		
Management Improvements	7/18/11		07/18/13		
Administration	7/18/11		07/18/13		
Fees And Costs	7/18/11		07/18/13		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

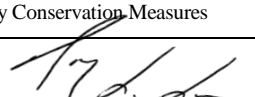
Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> INKSTER HOUSING COMMISSION		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI28 P02750110 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	0			
3	1408 Management Improvements	285,000			
4	1410 Administration (may not exceed 10% of line 21)	0			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	120,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	416,721			
11	1465.1 Dwelling Equipment—Nonexpendable	50,000			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	33,872			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	51,000			
17	1499 Development Activities <sup>4</sup>				

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> <b>INKSTER</b> <b>HOUSING</b> <b>COMMISSION</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: MI28 P02750110 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>	
		<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA	0			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	408,586			
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,314,179			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date 10/08/2010</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part II: Supporting Pages</b>								
PHA Name: INKSTER HOUSING COMMISSION			Grant Type and Number Capital Fund Program Grant No: MI28 P02750110 CFFP (Yes/ No): no Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	<u>OPERATIONS</u>	1406						
	B. Operations			0				
	SUBTOTAL			0				
PHA-WIDE	<u>MANAGEMENT IMPROVEMENTS</u>	1408						
	D. Security			225,000				
	E. Staff /Management Training			5,000				
	F. Computer Software			55,000				
	SUBTOTAL			285,000				
PHA-WIDE	<u>FEES &amp; COSTS</u>	1430						
	B. A&E fees and related costs			120,000				
	SUBTOTAL			120,000				
	<u>DWELLING STRUCTURES</u>	1460						
MI027-4	E. Accumulation Twin Tower Renovation			138,167				
	F. Accumulation Funds Renovation Units			278,554				
	SUBTOTAL			416,721				
PHA-WIDE	<u>DWELLING EQUIPMENT - NONEXPENDABLE</u>	1465		50,000				
	Appliances			50,000				
	SUBTOTAL							

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part II: Supporting Pages								
PHA Name: INKSTER HOUSING COMMISSION			Grant Type and Number Capital Fund Program Grant No: MI28 P02750110 CFFP (Yes/ No): no Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	<u>NON DWELLING EQUIPMENT</u>	1475						
	A. Maintenance Equipment			8,872				
	B. Agency/Maintenance Vehicles			<u>25,000</u>				
				33,872				
PHA-WIDE	<u>CAPITAL FUNDS SECURITIZATION/DEBT</u>							
	<u>SERVICE</u>	9000		<u>408,586</u>				
	SUBTOTAL			408,586				
	<b>GRANDTOTAL</b>			<b><u>1,314,179</u></b>				

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: INKSTER HOUSING COMMISSION					<b>Federal FFY of Grant: 2010</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
<b>PHA-WIDE</b>					
Dwelling Structure	7/14/12		7/14/14		
Capital Fund	7/14/12		7/14/14		
Securitization/Debt Services	7/14/12		7/14/14		
Dwelling Equipment-	7/14/12		7/14/14		
<b>Nonexpendable</b>					
Operations	7/14/12		7/14/14		
Management Improvements	7/14/12		7/14/14		
Administration	7/14/12		7/14/14		
Fees And Costs	7/14/12		7/14/14		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

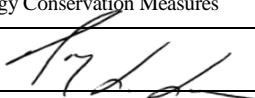
Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Inkster Housing Commission		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: MI28R02750106 Date of CFFP:			<b>FFY of Grant: 2006</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	60,538	0	0	0
16	1495.1 Relocation Costs				
17	1498 Mod used for Development	0	60,538	0	0

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Inkster Housing Commission		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No:MI28R02750106 Date of CFFP:			<b>FFY of Grant:2006</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:        ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	60,538	60,538	0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date 10/08/2010</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

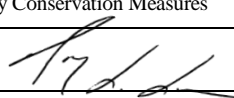
Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Inkster Housing Commission		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: MI28R02750306 Date of CFFP:			<b>FFY of Grant: 2006</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	1,789	0	0	0
16	1495.1 Relocation Costs				
17	1498 Mod used for Development	0	1,789	0	0

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Inkster Housing Commission		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: MI28R02750306 Date of CFFP:			<b>FFY of Grant:</b> 2006 <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:        ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,789	1,789	0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date 10/08/2010</b>		<b>Signature of Public Housing Director</b> _____ <b>Date</b> _____	

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

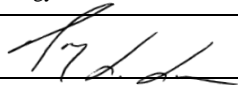
U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Inkster Housing Commission		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI28R02750107 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2007</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1495.1 Relocation Costs				
17	1498 Mod used for Development	62,004	62,004	0	0



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Inkster Housing Commission		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI28R02750107 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2007</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:        ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	62,004	62,004	0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date 10/08/2010</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

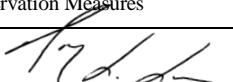
Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> INKSTER HOUSING COMMISSION		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI28P02750108 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	0	0	0	0
3	1408 Management Improvements	225,000	225,000	225,000	36,536.08
4	1410 Administration (may not exceed 10% of line 21)	18,860	10,000	10,000	10,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	120,000	110,000	110,000	110,000
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	406,946	406,946.76	406,946.76	406,946.76
11	1465.1 Dwelling Equipment—Nonexpendable	98,730	98,730	98,730	98,730
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	6,140	6,140	6,140	6,140
14	1485 Demolition				
15	1490 Replacement Reserves				
16	1495.1 Relocation Costs	55,000	73,860	73,860	73,860
17	1499 Development Activities <sup>4</sup>				

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> <b>INKSTER</b> <b>HOUSING</b> <b>COMMISSION</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: MI28P02750108 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:        ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>	
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	408,586	408,585.24	408,585.24	306,438.93
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,339,262	1,339,262	1,339,262	1,048,651.77
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date 10/08/2010</b>	<b>Signature of Public Housing Director</b> _____ <b>Date</b> _____		

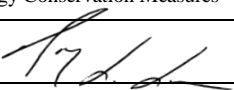
Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Inkster Housing Commission		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: MI28R02750209 Date of CFFP:			<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1495.1 Relocation Costs				
17	1498 Mod used for Development	57,285	57,285	0	0

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Inkster Housing Commission		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No:MI28R02750209 Date of CFFP:			<b>FFY of Grant:</b> 2009 <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:        ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	57,285	57,285	0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date 10/08/2010</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

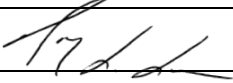
Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Inkster Housing Commission		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: MI28R02750210 Date of CFFP:			<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1495.1 Relocation Costs				
17	1498 Mod used for Development	57,158	57,158	0	0

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Inkster Housing Commission	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No:MI28R02750210 Date of CFPP:	<b>FFY of Grant:2010</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:        ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>	
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	57,158	57,158	0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date 10/08/2010</b>	<b>Signature of Public Housing Director</b>  		
			<b>Date</b>		

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

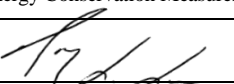
U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Inkster Housing Commission		<b>Grant Type and Number ARRA</b> Capital Fund Program Grant No: MI28S02750109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	1,772,518	1,772,518	1,772,518	1,115,886.30
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> <b>Inkster Housing Commission</b>	<b>Grant Type and Number ARRA</b> Capital Fund Program Grant No: MI28S02750109 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:        ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>	
		<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,772,518	1,772,518	1,772,518	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date</b> 10/08/2010	<b>Signature of Public Housing Director</b> _____ <b>Date</b> _____		

<b>Part II: Supporting Pages</b>								
PHA Name: Inkster Housing Commission			<b>Grant Type and Number ARRA</b> Capital Fund Program Grant No: MI28S02750109 CFFP (Yes/ No): no Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	<u>DWELLING STRUCTURES</u>	1460						
MI 27-4	Twin Towers Renovation (South Tower)			<u>1,553,000</u>	<u>1,414,833</u>	<u>1,414,833</u>	<u>799,998.30</u>	
	SUBTOTAL			1,553,000	1,414,833	1,414,833	799,998.30	
	Floor Tile Abatement	1460		<u>41,300</u>	<u>41,300</u>	<u>41,300</u>	<u>41,300</u>	
	SUBTOTAL			41,300	41,300	41,300	41,300	
	Automatic Sprinkler System	1460		<u>74,468</u>	<u>86,935</u>	<u>86,935</u>	<u>78,241.50</u>	
	SUBTOTAL			74,468	86,935	86,935	78,241.50	
	Fire Alarm and Detection System	1460		<u>0</u>	<u>125,700</u>	<u>125,700</u>	<u>92,596.50</u>	
	SUBTOTAL			0	125,700	125,700	92,596.50	
	Selective Demolition	1460		<u>98,500</u>	<u>98,500</u>	<u>98,500</u>	<u>98,500</u>	
	SUBTOTAL			98,500	98,500	98,500	98,500	
	Separation of Hot Water Heating System	1460		<u>5,250</u>	<u>5,250</u>	<u>5,250</u>	<u>5,250</u>	
	SUBTOTAL			5,250	5,250	5,250	5,250	
	<b>GRAND TOTAL</b>			<b>1,772,518</b>	<b>1,772,518</b>	<b>1,772,518</b>	<b>1,115,886.30</b>	

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

**Part I: Summary**

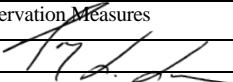
<b>PHA Name: Inkster Housing Commission</b>	<b>Grant Type and Number CFP</b> Capital Fund Program Grant No: <b>MI28 P02750111</b> Replacement Housing Factor Grant No: Date of CFFP: 06/18/08	<b>FFY of Grant: 2011</b> <b>FFY of Grant Approval:</b>
---	--	--

**Type of Grant**  
☒ **Original Annual Statement**      ☐ **Reserve for Disasters/Emergencies**      ☐ **Revised Annual Statement (revision no: )**  
☐ **Performance and Evaluation Report for Period Ending:**      ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	0			
3	1408 Management Improvements	255,000			
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	120,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	635,000			
11	1465.1 Dwelling Equipment—Nonexpendable	50,000			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	35,000			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
PHA Name: <b>Inkster Housing Commission</b>		Grant Type and Number CFP Capital Fund Program Grant No: <b>MI28 P02750111</b> Replacement Housing Factor Grant No: Date of CFFP: 06/18/08		FFY of Grant: <b>2011</b> FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	408,586			
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,453,586			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 10/08/2010	Signature of Public Housing Director		Date

Part II: Supporting Pages								
PHA Name: <b>Inkster Housing Commission</b>		Grant Type and Number CFP Capital Fund Program Grant No: <b>MI28 P02750111</b> CFFP (Yes/ No): no Replacement Housing Factor Grant No:			Federal FFY of Grant: <b>2011</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	<u>OPERATIONS</u>	1460						
	A. Operations			0				
	SUB TOTAL			0				
PHA-WIDE	<u>MANAGEMENT IMPROVEMENTS</u>	1408						
	A. Management Improvement (Security)			225,000				
	B. Staff/Management Training			5,000				
	C. Computer Software			25,000				
	SUB TOTAL			255,000				
PHA-WIDE	<u>FEES AND COSTS</u>	1430						
	A. A&E fees and related cost			120,000				
	SUB TOTAL			120,000				
MI027-4	<u>DWELLING STRUCTURES</u>	1460						
	Replace Parking lot w/lighting			125,000				
	Community Room Renovations			50,000				
	Replace Electrical Switch Gear			50,000				
	SUB TOTAL			225,000				

Part II: Supporting Pages								
PHA Name: <b>Inkster Housing Commission</b>		Grant Type and Number Capital Fund Program Grant No: <b>MI28 P02750111</b> CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: <b>2011</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	<u>DWELLING STRUCTURES</u>	1460						
MI-027-1	Repair Back Doors Roof			<u>50,000</u>				
	Repair Exterior Brick			<u>25,000</u>				
	Concrete Walkways Repairs			<u>10,000</u>				
	SUB TOTAL			85,000				
MI-027-2	Repair Back Doors Roof			<u>50,000</u>				
	Repair Exterior Brick			<u>25,000</u>				
	Concrete Walkways Repairs			<u>10,000</u>				
	SUB TOTAL			85,000				
MI-027-3	Repair Back Doors Roof			<u>50,000</u>				
	Repair Exterior Brick			<u>25,000</u>				
	Concrete Walkways Repairs			<u>10,000</u>				
	SUB TOTAL			85,000				
MI-027-6	Replace back doors wood decks			<u>125,000</u>				
	Repair front/backdoor entrances			<u>30,000</u>				
	SUB TOTAL			155,000				
PHA-WIDE	Capital Funds Securitization/Debt Services	9000		<u>408,586</u>				
	SUB TOTAL			408,586				
PHA-WIDE	NON-DWELLING EQUIPMENT	1475						
	A. Maintenance Equipment			<u>10,000</u>				
	B. Agency/Maintenance Vehicles			<u>25,000</u>				
	SUB TOTAL			35,000				
	<b>GRAND TOTAL</b>			<b><u>1,453,586</u></b>				

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Inkster Housing Commission					Federal FFY of Grant: 2011
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE					
Dwelling Structure	4/01/13		4/01/15		
Capital Fund	4/01/13		4/01/15		
Securitization/Debt					
Services					
Dwelling Equipment-	4/01/13		4/01/5		
Nonexpendable					
Operations	4/01/13		4/01/5		
Management Improvements	4/01/13		4/01/5		
Administration	4/01/13		4/01/5		
Fees And Costs	4/01/13		4/01/5		









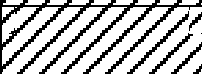



## 8.1 (b)

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226</b> <b>Expires 4/30/2011</b>
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.	

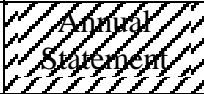
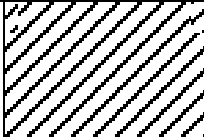







**See Attachment**

## Part I: Summary

PHA Name/Number Inkster Housing Commission			Locality Inkster/Wayne Co. /Mi		<input type="checkbox"/> Original 5-Year Plan	<input checked="" type="checkbox"/> Revision No:
A.	Development Number and Name MI-027 Inkster Housing Commission Inkster, MI.	Work Statement for Year 1 FFY ____2011____	Work Statement for Year 2 FFY ____2012____	Work Statement for Year 3 FFY ____2013____	Work Statement for Year 4 FFY ____2014____	Work Statement for Year 5 FFY ____2015____
B.	Physical Improvements Subtotal		<b><u>MI 27-1</u></b>	<b><u>MI 27-1</u></b>	<b><u>MI 27-1</u></b>	<b><u>MI 27-2</u></b>
C.	Management Improvements		Installation of fencings	Replacement of Concrete Patio As needed	Upgrade electrical panel Boxes	<i>Construction of Laundry Room Additions</i>
D.	PHA-Wide Non-dwelling Structures and Equipment		Renovate Community Buildings	Replace Exterior Doors & Frames	Install Window Unit A/C Sleeves	<b><u>MI 27-3</u></b>
E.	<b>Administration</b>		Construction of Laundry Room Additions	Replace Storm Doors As Needed	Evaluate & Reconnect Electrical Taps Connections	Replacement of Concrete Patio As needed
F.	Other		<b><u>MI 27-5</u></b>	<b><u>MI 27-2</u></b>	<b><u>MI 27-2</u></b>	504 Conversions (4brs)
G.	Operations		Resurface parking lot & repair drain catch basins	Installation of fencings	Upgrade electrical panel boxes	Replace Exterior Doors & Frames
H.	Demolition		Window Replacement	<b><u>MI 27-3</u></b>	Replacement of Concrete Patio As needed	
I.	Development		Install Window Unit A/C Sleeves	Demby Center Floor Replacement	Replace Exterior Doors & Frames	Replace Storm Doors As Needed
J.	Capital Fund Financing – Debt Service		<b><u>PHA-WIDE</u></b>	Exterior Caulking (Lehigh Center)	Replace Storm Doors As Needed	<b><u>MI 27-5</u></b>
K.	Total CFP Funds			Construction of Laundry Room Additions	Evaluate & Reconnect Electrical Taps Connections	Bathroom renovations
L.	Total Non-CFP Funds		Install Attic Insulation		Install Window Unit A/C Sleeves	
M.	Grand Total		Clean duct work systems			
A.	Development Number and Name MI-027 Inkster Housing Commission Inkster, MI.	Work Statement for Year 1 FFY ____2011____	Work Statement for Year 2 FFY ____2012____	Work Statement for Year FFY ____2013____	Work Statement for Year 4 FFY ____2014____	Work Statement for Year 5 FFY ____2015____
		Annual Statement	<b><u>PHA-WIDE</u></b>	<b><u>MI 27-4</u></b>	<b><u>MI 27-3</u></b>	<b><u>PHA-WIDE</u></b>

			Purchase Sanitation vehicle	Remove underground storage tank	Install Window Unit A/C Sleeves	Upgrade electrical infrastructure
			Purchase Boom Lift Truck	Land erosion control/trees removal	Upgrade electrical panel boxes	Security light replacements
			Install Street Curb Cuts	Installation Landscaping	fencing	Replace Distressed Pavement Lots
			Over Head Door Replacement (Maintenance Garage)	Replace tile in common areas and restrooms	<i>Security Light Replacements</i>	Over Head Door Operator (Maintenance Garage)
			Heater Unit Replacement ( Maintenance Garage)	Replace Central Air Conditioning Unit/HVAC Equipment	Evaluate & Reconnect Electrical Taps Connections (Demby)	Exterior Painting and Caulking (Mini-Police Center)
			Sidewalk Replacements (Grinding and Replacement as needed)	Replacement of Apartment Windows & Common Areas	Replacement of Asphalt Shingles	Replacement of Damage Brick Veneer
			Landscaping	Installation of Trash Compactor Equipment	Replacement of Gutters/Downspouts	Replacement of Interior Doors
			Accumulation Funds for Capital Improvement of Dwelling Units		Replacement of exterior doors, Frame & Hardware	Replacement of Apartment address Signage/Mailboxes
			Construction of Front Entry Façade			Replacement of Exterior Wall/Porch Mounted Lights
			Replacement of Hot water tanks			Replace Pushomatic Circuit Breaker Panel
						Management Improvement (Security Services)

## Part I: Summary (Continuation)

PHA Name/Number			Locality( Inkster/Wayne Co. /Mi)		<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name MI-027 Inkster Housing Commission Inkster, MI.	Work Statement for Year 1 FFY ____2011____	Work Statement for Year 2 FFY ____2012____	Work Statement for Year 3 FFY ____2013____	Work Statement for Year 4 FFY ____2014____	Work Statement for Year 5 FFY ____2015____
			<b><u>PHA-WIDE</u></b>	<b><u>MI 27-5</u></b>	<b><u>MI 27-4</u></b>	<b><u>MI 27-4</u></b>
			Replacement of electrical outlets, GFI outlets & light switches	Replace Carpet Flooring	Resurface parking lot & repair drain catch basins With Site Lighting	Elevator Transfer Switch
			Window Replacement (Maintenance Office)	Security Light Replacements	Renovate Chapel & Game Rooms	Booster Pump Replacement
			Window Replacement (Administration Office)	<b><u>MI 27-6</u></b>	Replace Generator Transfer Switch	Elevator Electronics Replacement
			Replacement of Roof (Demby Center)	Install trash bin landings	<b><u>MI 27-6</u></b>	Elevator Door Closer Assembly Replacement
			Replacement of Roof (Simmons Center)	Replace wooden porches	Bathroom renovations	<b><u>MI 27-1</u></b>
			Capital Fund Securitization	Security Light Replacements	Replacement of Asphalt parking Lots	Construct Parking Lot
			Replace Grasshopper Tractor/Lawn Equipments		Replacement of Front Concrete Step/Porch Structures as Needed	
			Management Improvement (Security Services)	Tree Trimming/Pruning & Removal	Replacement of Front and Back Cement Sill/Thresholds	Common Buildings Window Replacements

Part I: Summary (Continuation)						
PHA Name/Number			Locality (Inkster/Wayne Co. /Mi)		<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name MI-027 Inkster Housing Commission Inkster, MI.	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
		Annual Statement	<b><u>PHA WIDE</u></b>	<b><u>PHA WIDE</u></b>	<b><u>PHA-WIDE</u></b>	<b><u>PHA WIDE</u></b>
			Management Improvement (Computers & Staff Training)	Replacement of Roof (Maintenance Garage)	Kitchen Appliances	Capital Fund Securitization
			Replacement of Telephone System	Replace AC/HAV Units (Simmons Center)	Power washer for appliances cleaning	Management Improvement
			Install wired Smoke Detector System	Capital Fund Securitization	Management Improvement (Security Services)	
					Capital Fund Securitization	

## Part I: Summary (Continuation)

PHA Name/Number			Inkster/Wayne Co. /Mi Locality ()		<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name MI-027 Inkster Housing Commission Inkster, MI.	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
		Annual Statement	<b><u>MI 27-1</u></b>	<b><u>MI 27-2</u></b>	<b><u>MI 27-3</u></b>	
			Install security screens at back doors	Install security screens at back doors	Install security screens at back doors	
			Repair of in-wall and under slab sewer piping	Repair of in-wall and under slab sewer piping	Repair of in-wall and under slab sewer piping	
			<b><u>MI 27-3</u></b>	<b><u>MI 27-2</u></b>	Parking lot replacement at Canterbury	
			Lehigh Center 2 <sup>nd</sup> FL. Title and Piping installed	Construct Parking Lot	Replace Canterbury windows and sliding doors	
			<b><u>PHA WIDE</u></b>	<b><u>PHA WIDE</u></b>	Construct Parking Lot	
			All Terrain Man Lift	Back Hoe Tractor		
			<b><u>MI 27-5</u></b>	Electrical Fuse Replacement & Clean Triplex Taps at Poles		
			Install security screens at back doors			
			Parking lot replacement			

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY ____2011____	Work Statement for Year ____2012____ FFY ____2011____			Work Statement for Year: ____2013____ FFY ____2011____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
<i>See Annual Statement</i>	<u>MI 27-1</u> <u>LeMoyne Gardens</u>			<u>MI 27-1</u> <u>LeMoyne Gardens</u>		
	Installation of fencings		75,000	Replacement of Concrete Patio As needed		172,800
	Renovate Community Buildings		100,000	Replace Exterior Doors & Frames		74,250
	Construction of Laundry Room Additions		1,242,000	Replace Storm Doors As Needed		75,000
	<u>MI 27-3</u> <u>Canterbury Estates</u>			<u>MI 27-2</u> <u>LeMoyne Gardens</u>		
	Resurface parking lot & repair drain catch basins		250,000	Installation of fencings		75,000
	Window Replacement		75,000	Install security screens at back doors		25,000
	<u>PHA-WIDE</u>			Repair of in-wall and under slab sewer piping		40,000
	Install Attic Insulation		100,000	Construct Parking Lot		150,000

	Clean duct work systems		350,000			
	Subtotal of Estimated Cost		\$2,192,000	Subtotal of Estimated Cost		\$612,050



<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY ____2011____	Work Statement for Year ____2012____ FFY ____2011____			Work Statement for Year: ____2013____ FFY ____2011____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
<b>See</b>	<b><u>PHA-WIDE</u></b>			<b><u>MI 27-3</u></b> <b><u>Demby Terrace</u></b>		
<b>Annual Statement</b>	Purchase Sanitation vehicle		100,000	Demby Center Floor Replacement		2,500
	Purchase Boom Lift Truck		60,000	Exterior Caulking (Lehigh Center)		1,000
	Install Street Curb Cuts		150,000	Construction of Laundry Room Additions		1,738,800
	Over Head Door Replacement (Maintenance Garage)		2,500	<b><u>MI 27-4</u></b> <b><u>Twin Towers</u></b>		
	Heater Unit Replacement (Maintenance Garage)		1,000	Remove underground storage tank		5,000
	Sidewalk Replacements (Grinding and Replacement as needed)		90,000	Land erosion control/trees removal		10,000
	All Terrain Man Lift		10,000	Installation Landscaping		20,000
	Subtotal of Estimated Cost		\$413,500	Subtotal of Estimated Cost		\$1,777,300

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY ____ 2011 ____	Work Statement for Year ____ 2012 ____ FFY ____ 2011 ____			Work Statement for Year: ____ 2013 ____ FFY ____ 2011 ____		
	Development	Quantity	Estimated Cost	Development Number/Name	Quantity	Estimated Cost
	General Description of Major Work Categories			General Description of Major Work Categories		
<b>See</b>	<u><b>PHA-WIDE</b></u>			<u><b>MI 27-4</b></u> <u><b>Twin Towers</b></u>		
<b>Annual</b>	Accumulation Funds for Capital Improvement of Dwelling Units		300,000	Replace tile in common areas and restrooms		10,000
<b>Statement</b>	Replacement of Hot water tanks		100,000	Replace Central Air Conditioning Unit/HVAC Equipment		100,000
	Replacement of electrical outlets, GFI outlets & light switches		25,000	Replacement of Apartment Windows & Common Areas		34,400
				Installation of Trash Compactor Equipment		10,000
				<u><b>MI 27-3</b></u> <u><b>Canterbury Estates</b></u>		
				Security Light Replacements		10,000
	Subtotal of Estimated Cost		\$425,000	Subtotal of Estimated Cost		\$164,400

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY _____ 2011 _____	Work Statement for Year _____ 2012 _____ FFY _____ 2011 _____			Work Statement for Year: _____ 2013 _____ FFY _____ 2011 _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	<u>PHA-WIDE</u>			<u>MI 27-3 Canterbury Estates</u>		
	Window Replacement (Maintenance Office)		10,000	Replace Carpet Flooring		30,000
	Window Replacement (Administration Office)		10,000	<u>MI 27-6 Parkside Estates</u>		
	Replacement of Roof (Demby Center)		15,000	Install trash bin landings		20,000
				Security Light Replacements		15,000
				Install Window Unit A/C Sleeves		90,000
	Subtotal of Estimated Cost		\$35,000	Subtotal of Estimated Cost		\$155,000

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY ____ 2011 ____	Work Statement for Year ____ 2012 ____ FFY ____ 2011 ____			Work Statement for Year: ____ 2013 ____ FFY ____ 2011 ____		
	Development	Quantity	Estimated Cost	Development Number/Name	Quantity	Estimated Cost
	General Description of Major Work Categories			General Description of Major Work Categories		
<i>See Annual Statement</i>	<u>PHA-WIDE</u>			<u>PHA-WIDE</u>		
	Replacement of Roof (Simmons Center)		30,000	Tree Trimming/Pruning & Removal		10,000
	Capital Fund Securitization		408,586	Replacement of Roof (Maintenance Garage)		15,000
	Replace Grasshopper Tractor/Lawn Equipments		75,000	Replace AC/HAV Units (Simmons Center)		50,000
	Management Improvement (Security Services)		225,000	Capital Fund Securitization		408,586
	Management Improvement (Computers & Staff Training)		20,000			
	Replacement of Telephone System		50,000			
	upgrade wired Smoke Detector System		20,000			
	Subtotal of Estimated Cost		\$828,586	Subtotal of Estimated Cost		\$483,586

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY ____ 2011 ____	Work Statement for Year ____ 2012 ____ FFY ____ 2011 ____			Work Statement for Year: ____ 2013 ____ FFY ____ 2011 ____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
<b>See</b>	<b><u>MI 27-1</u></b> <b><u>LeMoyne Gardens</u></b>			<b><u>MI 27-2</u></b> <b><u>LeMoyne Gardens</u></b>		
<b>Annual</b>	Upgrade electrical panel Boxes		25,000	Construction of Laundry Room Additions		1,288,000
<b>Statement</b>	Install Window Unit A/C Sleeves		200,000	<b><u>MI 27-3</u></b> <b><u>Demby Terrace</u></b>		
	Evaluate & Reconnect Electrical Taps Connections		100,000	Replacement of Concrete Patio As needed		241,920
	<b><u>MI 27-2</u></b> <b><u>LeMoyne Gardens</u></b>			504 Conversions (4brs)		150,000
	Upgrade electrical panel boxes		25,000	Replace Exterior Doors & Frames		202,400
	Replacement of Concrete Patio As needed		179,000	Replace Storm Doors As Needed		100,000
	Replace Exterior Doors & Frames		148,500	<b><u>MI 27-3</u></b> <b><u>Canterbury Estates</u></b>		
	Replace Storm Doors As Needed		75,000	Bathroom renovations		96,000
	Subtotal of Estimated Cost		\$752,500	Subtotal of Estimated Cost		\$2,078,320

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY ____2011____	Work Statement for Year ____2012____ FFY ____2011____			Work Statement for Year: ____2013____ FFY ____2011____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
<b>See</b>	<b><u>MI 27-2</u></b> <b><u>LeMoyne Gardens</u></b>			<b><u>PHA-WIDE</u></b>		
<b>Annual</b>	Evaluate & Reconnect Electrical Taps Connections		75,000	Upgrade electrical infrastructure		100,000
<b>Statement</b>	Install Window Unit A/C Sleeves		125,000	Security light replacements		25,000
	<b><u>MI 27-3</u></b> <b><u>Demby Terrace</u></b>			Replace Distressed Pavement Lots		225,000
	Install Window Unit A/C Sleeves		200,000	Exterior Painting and Caulking (Mini-Police Center)		5,000
	Upgrade electrical panel boxes		25,000	Replacement of Damage Brick Veneer		100,000
	Install fencing		75,000	Replacement of Interior Doors		100,000
	Security Light Replacements		50,000	Back Hoe Tractor		30,000
	Evaluate & Reconnect Electrical Taps Connections (Demby)		200,000	Electrical Fuse Replacement & Clean Triplex Taps at Poles		100,000
	Replacement of Asphalt Shingles,		50,000			
	Subtotal of Estimated Cost		\$800,000	Subtotal of Estimated Cost		\$685,000

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY ____ 2011 ____	Work Statement for Year ____ 2012 ____ FFY ____ 2011 ____			Work Statement for Year: ____ 2013 ____ FFY ____ 2011 ____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	<b><u>MI 27-3</u></b> <b><u>Demby Terrace</u></b>					
	Replacement of Gutters/Downspouts		25,000			
	Replacement of exterior doors, Frame & Hardware		202,400			
	<b><u>MI 27-4</u></b> <b><u>Twin Towers</u></b>					
	Resurface parking lot & repair drain catch basins With Site Lighting		76,000			
	Renovate Chapel & Game Rooms		75,000			
	Replace Generator Transfer Switch		40,000			
	<b><u>MI 27-6</u></b> <b><u>Parkside Estates</u></b>					
	Bathroom renovations		536,000			
	Subtotal of Estimated Cost	\$954,400	Subtotal of Estimated Cost			

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2011	Work Statement for Year 2012 FFY 2011			Work Statement for Year: 2013 FFY 2011		
	Development	Quantity	Estimated Cost	Development	Quantity	Estimated Cost
	Number/Name			Number/Name		
	General Description of Major Work Categories			General Description of Major Work Categories		
See Annual Statement	<b><u>MI 27-6 Parkside Estates</u></b>					
	Replacement of Asphalt parking Lots		250,000			
	<b><u>PHA-WIDE</u></b>					
	Installation of Fencings		75,000			
	Kitchen Appliances		30,000			
	Power washer for appliances cleaning		1,000			
	Management Improvement (Security Services)		230,000			
	Capital Fund Securitization		408,586			
	Subtotal of Estimated Cost	\$994,586		Subtotal of Estimated Cost	\$	



<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY _____ 2011 _____	Work Statement for Year _____ 2012 _____ FFY _____ 2011 _____			Work Statement for Year: _____ 2013 _____ FFY _____ 2011 _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
<b>See</b>	<b><u>MI 27-1</u></b>					
<b>Annual</b>	Install security screens at back doors		25,000			
<b>Statement</b>	Repair of in-wall and under slab sewer piping		40,000			
	<b><u>MI 27-3</u></b>					
	Lehigh Center 2 <sup>nd</sup> FL. Title and Piping installed		12,000			
	<b><u>MI 27-5</u></b>					
	Install security screens at back doors		25,000			
	Parking lot replacement		250,000			
	<b><u>PHA WIDE</u></b>					
	All Terrain Man Lift		10,000			
	Subtotal of Estimated Cost		\$ 362,000			

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY ____ 2011 ____	Work Statement for Year ____ 2014 ____ FFY ____ 2011 ____			Work Statement for Year: ____ 2015 ____ FFY ____ 2011 ____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
<i>See</i>	<b><u>MI 27-3</u></b>			<b><u>MI 27-2</u></b>		
<i>Annual</i>	Install security screens at back doors		25,000	<i>Construction of Laundry Room Additions</i>		1,288,000
<i>Statement</i>	Repair of in-wall and under slab sewer piping		40,000	<b><u>MI 27-3</u></b>		
	Parking lot replacement at Canterbury		50,000	Replacement of Concrete Patio As needed		241,920
	Replace Canterbury windows and sliding doors		30,000	504 Conversions (4brs)		150,000
	Construct Parking Lot		150,,000	Replace Exterior Doors & Frames		202,400
				Replace Storm Doors As Needed		100,000
				<b><u>MI 27-5</u></b>		
				Bathroom renovations		96,000
	Subtotal of Estimated Cost		\$295,000	Subtotal of Estimated Cost		\$2,078,320

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY ____ 2011 ____	Work Statement for Year ____ 2014 ____ FFY ____ 2011 ____			Work Statement for Year: ____ 2015 ____ FFY ____ 2011 ____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
<b>See</b>	<b><u>MI 27-3</u></b>			<b><u>MI 27-4</u></b>		
<b>Annual</b>	Install security screens at back doors		25,000	Elevator Transfer Switch		25,000
<b>Statement</b>	Repair of in-wall and under slab sewer piping		40,000	Booster Pump Replacement		15,000
	Parking lot replacement at Canterbury		50,000	Elevator Electronics Replacement		100,000
	Replace Canterbury windows and sliding doors		30,000	Elevator Door Closer Assembly Replacement		100,000
	Construct Parking Lot		150,000	<b><u>MI 27-1</u></b>		
				Construct Parking Lot		150,000
				<b><u>PHA WIDE</u></b>		
				Common Buildings Window Replacements		12,000
				Capital Fund Securitization		408,586
				Management Improvement		285,000
	Subtotal of Estimated Cost		\$295,000	Subtotal of Estimated Cost		\$1,095,586

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY ____ 2011 ____	Work Statement for Year ____ 2015 ____ FFY ____ 2011 ____			Work Statement for Year: ____ 2015 ____ FFY ____ 2011 ____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
<b>See</b>	<b><u>PHA-WIDE</u></b>			<b><u>PHA-WIDE</u></b>		
<b>Annual</b>	Upgrade electrical infrastructure		100,000	Replacement of Exterior Wall/Porch Mounted Lights		30,000
<b>Statement</b>	Security light replacements		25,000	Replace Pushomatic Circuit Breaker Panel		25,000
	Replace Distressed Pavement Lots		225,000	Management Improvement (Security Services)		225,000
	Over Head Door Operator (Maintenance Garage)		5,000			
	Exterior Painting and Caulking (Mini-Police Center)		5,000			
	Replacement of Damage Brick Veneer		100,000			
	Replacement of Interior Doors		100,000			
	Replacement of Apartment address Signage/Mailboxes		20,000			
		Subtotal of Estimated Cost	\$580,000		Subtotal of Estimated Cost	\$280,000

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY ____ 2011 ____	Work Statement for Year ____ 2012 ____ FFY ____ 2011 ____		Work Statement for Year: ____ 2013 ____ FFY ____ 2011 ____	
	Development Number/Name	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
	General Description of Major Work Categories			
<i>See</i>	<u>MI 27-1</u>  <b><u>LeMoyne Gardens</u></b>		<u>MI 27-1</u>  <b><u>LeMoyne Gardens</u></b>	
<i>Annual Statement</i>	Installation of fencings	75,000	Replacement of Concrete Patio As needed	172,800
	Renovate Community Buildings	100,000	Replace Exterior Doors & Frames	148,500
	Construction of Laundry Room Additions	1,242,000	Replace Storm Doors As Needed	75,000
	Install security screens at back doors		<u>MI 27-2</u>  <b><u>LeMoyne Gardens</u></b>	
	Repair of in-wall and under slab sewer piping		Installation of fencings	75,000
	<b><u>MI 27-3</u></b>		<u>MI 27-3</u>  <b><u>Demby Terrace</u></b>	
	Lehigh Center 2 <sup>nd</sup> FL. Title and Piping installed		Demby Center Floor Replacement	2,500
	<b><u>MI 27-3</u></b> <b><u>Canterbury Estates</u></b>		Exterior Caulking (Lehigh Center)	1,000
	Resurface parking lot & repair drain catch basins	250,000	Construction of Laundry Room Additions	1,738,800
	Window Replacement	75,000	<b><u>PHA WIDE</u></b>	
	Install security screens at back doors		Back- Hoe Tractor	10,000

	<b><u>PHA-WIDE</u></b>			
	Install Attic Insulation	100,000	<b><u>MI 27-4</u></b> <b><u>Twin Towers</u></b>	
	Clean duct work systems	350,000	Remove underground storage tank	5,000
	Purchase Sanitation vehicle	100,000	Land erosion control/trees removal	10,000
	Purchase Boom Lift Truck	60,000	Installation Landscaping	20,000
	Install Street Curb Cuts	150,000		
	<b><u>PHA-WIDE</u></b>			
	Over Head Door Replacement (Maintenance Garage)	2,500		
	Heater Unit Replacement ( Maintenance Garage)	1,000		
	Sidewalk Replacements (Grinding and Replacement as needed)	90,000		
	All Terrain Man Lift	10,000		
	Subtotal of Estimated Cost	\$2,605,500	Subtotal of Estimated Cost	\$2,258,600

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY ____2011____	Work Statement for Year ____2012____ FFY ____2011____		Work Statement for Year: ____2013____ FFY ____2011____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	<b><u>PHA-WIDE</u></b>		<b><u>MI 27-4 Twin Towers</u></b>	
	Accumulation Funds for Capital Improvement of Dwelling Units	300,000	Replace tile in common areas and restrooms	10,000
	Replacement of Hot water tanks	100,000	Replace Central Air Conditioning Unit/HVAC Equipment	100,000
	Replacement of electrical outlets, GFI outlets & light switches	25,000	Replacement of Apartment Windows & Common Areas	34,400
	Window Replacement(Maintenance Office)	10,000	Installation of Trash Compactor Equipment	10,000
	Window Replacement(Administration Office)	10,000	<b><u>MI 27-3 Canterbury Estates</u></b>	
	Replacement of Roof(Demby Center)	15,000	Security Light Replacements	10,000
	Replacement of Roof (Simmons Center)	30,000	Replace Carpet Flooring	30,000
	Capital Fund Securitization	408,586	<b><u>MI 27-6 Parkside Estates</u></b>	
	Replace Grasshopper Tractor/Lawn Equipments	75,000	Install trash bin landings	20,000
	Management Improvement (Security Services)	225,000	Security Light Replacements	15,000
	Management Improvement (Computers & Staff Training)	20,000	Install Window Unit A/C Sleeves	90,000
	Replacement of Telephone System	50,000		
	upgrade wired Smoke Detector System	20,000		
	Subtotal of Estimated Cost	\$1,288,586	Subtotal of Estimated Cost	\$319,400

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY _____ 2011 _____	Work Statement for Year _____ 2012 _____ FFY _____ 2011 _____		Work Statement for Year: _____ 2013 _____ FFY _____ 2011 _____	
	Development Number/Name	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
	General Description of Major Work Categories			
See Annual Statement			<b><u>PHA-WIDE</u></b>	
			Tree Trimming/Pruning & Removal	10,000
			Replacement of Roof (Maintenance Garage)	15,000
			Replace AC/HAV Units (Simmons Center)	50,000
			Capital Fund Securitization	408,586
		Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost



<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY 2011	Work Statement for Year ____ 2012 ____ FFY ____ 2011 ____		Work Statement for Year: ____ 2013 ____ FFY ____ 2011 ____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
<i>See Annual Statement</i>	<b><u>MI 27-1</u></b> <b><u>LeMoyne Gardens</u></b>		<b><u>MI 27-2</u></b> <b><u>LeMoyne Gardens</u></b>	
	Upgrade electrical panel Boxes	25,000	Construction of Laundry Room Additions	1,288,000
	Install Window Unit A/C Sleeves	200,000	<b><u>MI 27-3</u></b> <b><u>Demby Terrace</u></b>	
	Evaluate & Reconnect Electrical Taps Connections	100,000	Replacement of Concrete Patio As needed	241,920
	<b><u>MI 27-2</u></b> <b><u>LeMoyne Gardens</u></b>		504 Conversions (4hrs)	150,000
	Upgrade electrical panel boxes	25,000	Replace Exterior Doors & Frames	202,400
	Replacement of Concrete Patio As needed	179,000	Replace Storm Doors As Needed	100,000
	Replace Exterior Doors & Frames	148,500	<b><u>MI 27-3</u></b> <b><u>Canterbury Estates</u></b>	
	Replace Storm Doors As Needed	75,000	Bathroom renovations	96,000
	Evaluate & Reconnect Electrical Taps Connections	75,000	<b><u>PHA-WIDE</u></b>	
	Install Window Unit A/C Sleeves	125,000	Upgrade electrical infrastructure	100,000
	<b><u>MI 27-3</u></b> <b><u>Demby Terrace</u></b>		Security light replacements	25,000
	Install Window Unit A/C Sleeves	200,000	Replace Distressed Pavement Lots	225,00
	Upgrade electrical panel boxes	25,000		
	Install fencing	75,000		
	Security Light Replacements	50,000		
	Subtotal of Estimated Cost	\$1,302,500		\$2,428,320

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY ____ 2011 ____	Work Statement for Year ____ 2012 ____ FFY ____ 2011 ____		Work Statement for Year: ____ 2013 ____ FFY ____ 2011 ____	
	Development Number/Name	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
	General Description of Major Work Categories			
<b>See</b>	<b><u>MI 27-3</u></b> <b><u>Demby Terrace</u></b>		<b><u>PHA-WIDE</u></b>	
<b>Annual Statement</b>	Evaluate & Reconnect Electrical Taps Connections (Demby)	200,000	Exterior Painting and Caulking (Mini-Police Center)	5,000
	Replacement of Asphalt Shingles,	50,000	Replacement of Damage Brick Veneer	100,000
	<b><u>MI 27-3</u></b> <b><u>Demby Terrace</u></b>		Replacement of Interior Doors	100,000
	Replacement of Gutters/Downspouts	25,000		
	Replacement of exterior doors, Frame & Hardware	202,400		
	<b><u>MI 27-4</u></b> <b><u>Twin Towers</u></b>			
	Resurface parking lot & repair drain catch basins With Site Lighting	76,000		
	Renovate Chapel & Game Rooms	75,000		
	Replace Generator Transfer Switch	40,000		
	<b><u>MI 27-6</u></b> <b><u>Parkside Estates</u></b>			
	Bathroom renovations	536,000		
	Replacement of Asphalt parking Lots	250,000		
	Subtotal of Estimated Cost	\$1,454,400	Subtotal of Estimated Cost	\$205,000

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY ____ 2011 ____	Work Statement for Year ____ 2012 ____ FFY ____ 2011 ____		Work Statement for Year: ____ 2013 ____ FFY ____ 2011 ____	
	Development Number/Name	Estimated Cost	Development Number/Name	Estimated Cost
	General Description of Major Work Categories		General Description of Major Work Categories	
See Annual Statement	<b><u>PHA-WIDE</u></b>			
	Installation of Fencings	75,000		
	Kitchen Appliances	30,000		
	Power washer for appliances cleaning	1,000		
	Management Improvement (Security Services)	230,000		
	Capital Fund Securitization	408,586		
		Subtotal of Estimated Cost	\$744,586	

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY ____ 2011 ____	Work Statement for Year ____ 2014 ____ FFY ____ 2011 ____		Work Statement for Year: ____ 2015 ____ FFY ____ 2011 ____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
<b>See Annual Statement</b>	<b><u>MI 27-3</u></b>		<b><u>MI 27-4</u></b>	
	Install security screens at back doors	25,000	Elevator Transfer Switch	25,000
	Repair of in-wall and under slab sewer piping	40,000	Booster Pump Replacement	15,000
	Parking lot replacement at Canterbury	50,000	Elevator Electronics Replacement	100,000
	Replace Canterbury windows and sliding doors	30,000	Elevator Door Closer Assembly Replacement	100,000
	Construct Parking Lot	150,000	<b><u>MI 27-1</u></b>	
	<b><u>MI 27-3</u></b>		Construct Parking Lot	150,000
	Install security screens at back doors	25,000	<b><u>PHA WIDE</u></b>	
	Repair of in-wall and under slab sewer piping	40,000	Common Buildings Window Replacements	12,000
	Parking lot replacement at Canterbury	50,000	Capital Fund Securitization	408,586
	Replace Canterbury windows and sliding doors	30,000	Management Improvement	285,000
	Construct Parking Lot	150,000	<b><u>MI 27-2</u></b>	
			Construction of Laundry Room Additions	1,288,000
			<b><u>MI 27-3</u></b>	
			Replacement of Concrete Patio As needed	241,920
			504 Conversions (4brs)	150,000
			Replace Exterior Doors & Frames	202,400
			Replace Storm Doors As Needed	100,000
	Subtotal of Estimated Cost	\$590,000		\$3,077,906

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>					
Work Statement for Year 1 FFY ____ 2011 ____	Work Statement for Year ____ 2015 ____ FFY ____ 2011 ____		Work Statement for Year: ____ 2015 ____ FFY ____ 2011 ____		
	Development Number/Name	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost	
	General Description of Major Work Categories				
<i>See</i>	<b><u>MI 27-5</u></b>				
<i>Annual Statement</i>	Bathroom renovations	96,000			
	<b><u>PHA-WIDE</u></b>				
	Upgrade electrical infrastructure	100,000			
	Security light replacements	25,000			
	Replace Distressed Pavement Lots	<b>225,000</b>			
	Over Head Door Operator (Maintenance Garage)	<b>5,000</b>			
	<b><u>PHA-WIDE</u></b>				
	Exterior Painting and Caulking (Mini-Police Center)	5,000			
	Replacement of Damage Brick Veneer	100,000			
	Replacement of Interior Doors	100,000			
	Replacement of Apartment address Signage/Mailboxes	20,000			
	Replacement of Exterior Wall/Porch Mounted Lights	30,000			
	Replace Pushomatic Circuit Breaker Panel	25,000			
	Management Improvement (Security Services)	285,000			
	Subtotal of Estimated Cost	\$1,016,000		\$	

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input checked="" type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.	

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name: Inkster Housing Commission</b>		<b>Grant Type and Number ARRA</b> Capital Fund Program Grant No: MI28S02750109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:Three) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised 3	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	1,668,768	1,772,518	1,559,883	103,745
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition	103,750	0	0	0
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

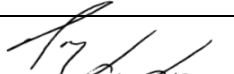
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Inkster Housing Commission		<b>Grant Type and Number ARRA</b> Capital Fund Program Grant No:MI28S02750109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: Three) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised 3	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,772,518	1,772,518	1,559,883	130,745
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date 12/11/09</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	



<b>Part II: Supporting Pages</b>								
PHA Name: Inkster Housing Commission			<b>Grant Type and Number ARRA</b> Capital Fund Program Grant No:MI28S02750109 CFFP (Yes/ No): no Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised 3	Funds Obligated 3	Funds Expended 3	
	<u>DWELLING STRUCTURES</u>	1460						
MI 27-4	Twin Towers Renovation (South Tower)			<u>1,553,000</u>	<u>1,414,833</u>	1,414,833	0	
	Floor Tile Abatement			<u>41,300</u>	<u>41,300</u>	41,300	37,170	
	Automatic Sprinkler System			<u>74,468</u>	<u>86,935</u>	0		
	Fire Alarm and Detection System			<u>0</u>	<u>125,700</u>	0		
	Selective Demolition of Building Components			<u>98,500</u>	<u>98,500</u>	98,500		
	Separation of Hot Water Heating system and Installation of Shut-off Values			<u>5,250</u>	<u>5,250</u>	5,250	5,250	
	SUBTOTAL			1,772,518	1,772,518	93,575	93,575	
Grand Total				1,772,518	1,772,518	1,559,883	130,745	

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Inkster Housing commission				<b>Federal FFY of Grant: 2009 ARRA</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MI 27-4					
DWELLING STRUCTURES	03/24/09	03/24/10	03/24/09	03/24/12	

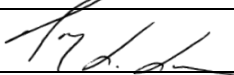
<b>Part I: Summary</b>					
<b>PHA Name:</b> <b>INKSTER HOUSING COMMISSION</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: C-3015 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	70,057	70,057	70,057	70,057
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	4,335,769	4,656,016	4,656,016	4,656,016
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	0			
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>					
<b>PHA Name:</b> <b>INKSTER</b> <b>HOUSING</b> <b>COMMISSION</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: C-3015 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval:</b>			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:        ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>	
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA	278,758	278,758	278,758	278,758
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	320,247	0	0	0
20	Amount of Annual Grant:: (sum of lines 2 - 19)	5,004,831	5,004,831	5,004,831	5,004,831
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date 10/08/2010</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: INKSTER HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No: C-3015 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	<b><u>Fees and Costs</u></b>							
<b>PHA Wide</b>	CFFP Fees	1430		70,057	70,057	70,057	70,057	Complete
	<b>Subtotal 1430</b>			70,057	70,057	70,057	70,057	
	<b><u>Dwelling Structures</u></b>	1460						
<b>Lemoyne Gardens MI027-01</b>	Replace exterior entry/exit doors & hardware	1460	185 Units	1,000	5,600	5,600	5,600	Complete
	Replace storm doors	1460		1,500	4,900	4,900	4,900	Complete
	Replace interior swing doors & hardware	1460		20,500	33,600	33,600	33,600	Complete
	Install closet doors with typical 6'-8' header height	1460		250,000	276,000	276,000	276,000	Complete
	Repair/paint walls and ceilings	1460		120,000	322,672	322,672	322,672	Complete
	Replace kitchen cabinets, counter tops, sink & faucet	1460		321,880	465,673	465,673	465,673	Complete
	Replace Kitchen exhaust	1460		15,000	21,000	21,000	21,000	Complete
	Replace medicine cabinet and accessories	1460		520	520	520	520	Complete
	Replace lighting, outlets & light switches	1460		1,250	12,600	12,600	12,600	Complete
	Install fire alarm / detection system	1460		150,000	27,750	27,750	27,750	Complete
	Replace roofing system, including fascia,rake and soffit components	1460		315,000	220,000	220,000	220,000	Complete
	Replace exterior light fixtures	1460		1,250	1,250	1,250	1,250	Complete
	Replacement of flooring w/shoe molding	1460		0	0	0	0	Complete
	<b>1460 Subtotal MI027-01</b>			<b>1,197,900</b>	<b>1,391,565</b>	<b>1,391,565</b>	<b>1,391,565</b>	

Part II: Supporting Pages								
PHA Name: INKSTER HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No: C-3015 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Develop ment Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	<b><u>Dwelling Structures</u></b>	1460						
<b>Lemoyne Gardens MI027-02</b>	Replace exterior entry/exit doors & hardware	1460	<b>90 Units</b>	1,000	2,400	2,400	2,400	Complete
	Replace storm doors	1460		1,500	2,100	2,100	2,100	Complete
	Replace interior swing doors & hardware	1460		15,000	14,400	14,400	14,400	Complete
	Install closet doors with typical 6'-8' header height	1460		128,000	118,500	118,500	118,500	Complete
	Repair/paint walls and ceilings	1460		50,250	118,000	118,000	118,000	Complete
	Replace kitchen cabinets, counter tops, sink & faucet	1460		314,216	315,000	315,000	315,000	Complete
	Replace Kitchen exhaust	1460		7,500	9,000	9,000	9,000	Complete
	Replace medicine cabinet and accessories	1460		225	225	225	225	Complete
	Replace lighting, outlets & light switches	1460		750	750	750	750	Complete
	Install fire alarm / detection system	1460		60,000	13,500	13,500	13,500	Complete
	Replace roofing system, including fascia,rake and soffit components	1460		200,000	180,000	180,000	180,000	Complete
	Replace exterior light fixtures	1460		300	300	300	300	Complete
	Replacement of flooring w/shoe molding	1460		0	0	0	0	Complete
	<b>1460 Subtotal MI027-02</b>			<b>778,741</b>	<b>774,175</b>	<b>774,175</b>	<b>774,175</b>	Complete
<b>Demby Terraces MI027-03</b>	Replace exterior entry/exit doors & hardware	1460	<b>185 Units</b>	1,500	8,000	8,000	8,000	Complete
	Replace storm doors	1460		1,500	7,000	7,000	7,000	Complete
	Replace interior swing doors & hardware	1460		25,250	20,000	20,000	20,000	Complete

Part II: Supporting Pages								
PHA Name: INKSTER HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No: C-3015 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	Install closet doors with typical 6'-8' header height	1460		235,000	275,000	275,000	275,000	Complete
	Repair/paint walls and ceilings	1460		105,250	226,345	226,345	226,345	Complete
	Replace kitchen cabinets, counter tops, sink & faucet	1460		257,273	345,000	345,000	345,000	Complete
	Replace Kitchen exhaust	1460		14,000	20,000	20,000	20,000	Complete
	Replace medicine cabinet and accessories	1460		800	800	800	800	Complete
	Replace lighting, outlets & light switches	1460		1,500	1,500	1,500	1,500	Complete
	Install fire alarm / detection system	1460		125,000	27,750	27,750	27,750	Complete
	Replace exterior light fixtures	1460		1,500	1,500	1,500	1,500	Complete
	Replacement of flooring w/shoe molding	1460		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	Complete
	<b>1460 Subtotal MI027-03</b>			<b>768,573</b>	<b>932,895</b>	<b>932,895</b>	<b>932,895</b>	Complete
<b>Parkside Estates MI027-06</b>	Replace exterior entry/exit doors & hardware	1460		<u>1,500</u>	1,150	1,150	1,150	Complete
	Replace storm doors	1460		15,000	4,200	4,200	4,200	Complete
	Replace interior swing doors & hardware	1460		25,000	12,815	12,815	12,815	Complete
	Install closet doors with typical 6'-8' header height	1460		110,500	78,265	78,265	78,265	Complete
	Repair/paint walls and ceilings	1460		40,250	185,565	185,565	185,565	Complete
	Replace kitchen cabinets, counter tops, sink & faucet	1460		293,665	298,284	298,284	298,284	Complete

Part II: Supporting Pages								
PHA Name: INKSTER HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No: C-3015 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	Replace Kitchen exhaust	1460		10,050	41,070	41,070	41,070	Complete
	Replace medicine cabinet and accessories	1460		750	750	750	750	Complete
	Replace lighting, outlets & light switches	1460		2,500	15,960	15,960	15,960	Complete
	Install fire alarm / detection system	1460		95,000	20,100	20,100	20,100	Complete
	Replace roofing system, including fascia,rake and soffit components	1460		250,000	167,548	167,548	167,548	Complete
	Replace exterior light fixtures	1460		1,400	1,400	1,400	1,400	Complete
	Replacement of flooring w/shoe molding	1460		744,940	730,274	730,274	730,274	Complete
	<b>1460 Subtotal MI027-06</b>			<b>1,590,555</b>	<b>1,557,381</b>	<b>1,557,381</b>	<b>1,557,381</b>	
	<b>Subtotal 1460</b>			<b>4,335,769</b>	<b>4,656,016</b>	<b>4,656,016</b>	<b>4,656,016</b>	
	<b><u>Contingency</u></b>							
<b>PHA WIDE</b>	Contingency	1502		320,247	0			
	<b>Subtotal 1502</b>			<b>320,247</b>	<b>0</b>			
	<b><u>Collateralization or Debt Service</u></b>							
PHA WIDE	Reserve Deposit	1501		204,293	204,293	204,293	204,293	
PHA WIDE	Capitalized Interest	1501		74,465	74,465	74,465	74,465	
	<b>Subtotal 1501</b>			<b>278,758</b>	<b>278,758</b>	<b>278,758</b>	<b>278,758</b>	
	<b>GRAND TOTAL</b>			<b>5,004,831</b>	<b>5,004,831</b>	<b>5,004,831</b>	<b>5,004,831</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: INKSTER HOUSING COMMISSION					<b>Federal FFY of Grant: 2008</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
<b>PHA Wide</b>					
<b>Lemoyne Gardens, MI027-01</b>	6/18/2010		6/18/2012		
<b>Lemoyne Gardens, MI027-02</b>	6/18/2010		6/18/2012		
<b>Demby Terraces, MI027-03</b>	6/18/2010		6/18/2012		
<b>Parkside Estates, MI027-06</b>	6/18/2010		6/18/2012		

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
9.0	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.	

## Housing Needs

### Inkster

The City of Inkster consists of 6.3 square miles. Inkster suffers population loss along with other indicators of vulnerability and community distress. According to community profiles from SEMCOG and the U.S. Census Bureau, Inkster lost 2 percent of its population when it went from 30,772 people in 1990 to 30,115 in 2000. Inkster lost 32 housing units between 1990 and 2000 and of those that remained 54 percent are owner occupied and 7 percent are vacant. Over 54 percent of the housing stock was built before 1960 and the \$68,000 median housing value is well below the other Wayne County Community average of \$138,600. The below average median household income is \$35,950 with 18 percent of household families living in poverty. Twenty seven percent of the households in Inkster are headed by females, 8 percent receive public assistance and 10 percent of the civilian labor force is unemployed.

The Inkster Housing Commission maintains (777) units of public housing and administers (751) Section 8 vouchers. Currently the commission has (1292) families on a waiting list for public housing. Ninety-Eight percent (98)% or (1262) of the families are extremely low-income. Of the (1292) families, (615) or (72) % are families with children. One hundred and three of the families or (15)% are classified as families with disabilities. Elven hundred and twenty three (1123) of the families or (87) % are black and One hundred and twenty four (124) % are white. A plurality of the families need two-bedroom units (495 families or (39) %), (507) families or (40) % need one bedroom units and (231) families or (15) % need three bedroom units.

The Inkster Housing Commission also administers the Section 8 program. Two hundred and ninety eight families (298) are on a Section 8 waiting list. Of that (298) families, (271) or (90) % are extremely low income. Two hundred and thirty four (234) families or (78) % have children. Fifty five of the families or (18) % are families with disabilities. Of the (298) families, (238) or (79) % are African American and (3) % or nine families are white. Among the commission's strategies to address the needs of extremely poor families waiting for public housing and Section 8 is the adoption of rent policies to support and encourage work.

## **Statement of Housing Needs**

### **A. Housing Needs of Families in the Jurisdiction/s Served by the PHA**

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	<i>Size</i>	Loca- tion
Income <= 30% of AMI	3535	5	5	5	5	5	5
Income >30% but <=50% of AMI	2740	5	5	5	5	5	5
Income >50% but <80% of AMI	23168	3	3	4	4	4	3
Elderly	33251	5	5	5	5	5	5
Families with Disabilities	6563	3	4	3	3	4	3
Race/Ethnicity White	10,925	4	5	4	4	4	4
Race/Ethnicity Black	18,487	5	5	5	5	5	5
Race/Ethnicity Hispanic	332	5	5	5	5	5	5
Race/Ethnicity Pacific Islander	201	3	3	4	3	3	5
Race/Ethnicity Other Race	170	5	5	5	5	5	5
Total	30,115						

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- ☒ Consolidated Plan of the Jurisdiction/s  
Indicate year: 2008
- ☒ U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- ☐ American Housing Survey data  
Indicate year
- ☒ Other housing market study  
Indicate year: 2000
- ☒ Other sources: (list and indicate year of information)  
SEMCOG                      2000 Census  
DATA PLACE                2000 Census

## B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance <input checked="" type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	1150		10/month
Extremely low income <=30% AMI	1112	96%	
Very low income (>30% but <=50% AMI)	34	3%	
Low income (>50% but <80% AMI)	4	1%	
Families with children	9195	80%	
Elderly families	33	3%	
Families with Disabilities	198	17%	
Race/ethnicity White	111	10%	
Race/ethnicity Black	994	86%	
Race/ethnicity Others	45	4%	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	511	44%	
2 BR	391	34%	
3 BR	170	15%	
4 BR	51	4%	
5 BR	27	3%	
5+ BR	N/A		

Housing Needs of Families on the Waiting List
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

### C. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	127		30/year
Extremely low income <=30% AMI	112	88%	
Very low income (>30% but <=50% AMI)	12	9%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	83	65%	
Elderly families	2	1%	
Families with Disabilities	13	10%	
Race/ethnicity Black	88	69%	
Race/ethnicity White	5	4%	
Race/ethnicity Others	33	30%	

Is the waiting list closed (select one)? ☐ No ☒ Yes

If yes:

How long has it been closed (# of months)? Thirteen Months

Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☒ Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☒ No ☐ Yes

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
9.1	<b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b>	

## Strategy for Addressing Housing Needs

### Public Housing Strategies

In order to provide services to as many families as possible, Inkster Housing Commissions must be able to provide affordable housing and refer families to agencies that offers other resources and services in an efficient and timely manner. In the City of Inkster there is a need to address the lack of supportive service agencies available to low-income families with needs other than housing needs. In general, there is a need for newly constructed affordable housing in Inkster. This is a function of many factors including a decrease in household size which results in greater need for individual housing units. In-addition, it is vital that the supply of public housing be maintained in sound livable condition.

The elderly too need housing as the housing commissions' waiting list data suggest. Local housing data for Wayne County indicated that over the next 5 years or so more elderly housing units will be needed. In order to minimize the need for public housing more assisted living services including home maintenance are needed to help elderly homeowners remain independent in their own homes for as long as possible. Likewise elderly people living in public housing need assistance with daily medications and meals in order to keep elderly individuals from having to move into nursing homes. Many of the elderly residents of Twin Towers are provided meals prepared on site through the Meals On Wheels Program. .

To decrease the need for long-term public housing by able-bodied persons and families, there is a need for life skills training for public housing recipients. Inkster Housing Commission partnerships with its Resident Council in attempt to provide training programs. Its' recognized by staff that life skills training helps people understand how to manage money, find a job, raise a child, follow a lease and maintain a home.

**Strategy :** Encourage the establishment of public/private partnerships by encouraging planning and implementation strategies which incorporate human and financial resources of both public and private entities.

The housing commission has created a non-profit (Inkster Group Inc.) to seek opportunities to construct affordable housing and renovate public housing for low-income and moderate- income families using mixed- finance opportunities.

While this strategy addresses the need to develop the linkages which further devote resources to affordable housing needs, it has been the experience of Inkster Housing Commission that of the few non-profit housing and community-based organizations operating in the City of Inkster, such organizations lack the finance capacity to fund a new development. The housing commission will

continue to work diligently to strengthen the capacity of these organizations through partnerships and leveraging the Capital Fund Program Housing Replacement Factor Funds.

Strategy : Inkster Housing Commission will continue to work to assure that there is greater communication and coordination between state and local government agencies, non-profit community organizations, social service providers and the private sector.

Strategy : To provide technical assistance to the Resident Council Executive Staff as a means of increasing capacity and self-sufficiency incentives as role models for all residents of public housing. Thereby sharing their experiences with other residents and encouraging greater participation in to the programs, when provided by management.



## **C. Strategy for Addressing Needs**

### **(1) Strategies**

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

- ☒ Employ effective maintenance and management policies to minimize the number of public housing units off-line
- ☒ Reduce turnover time for vacated public housing units
- ☒ Reduce time to renovate public housing units
- ☒ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☒ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☒ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- ☒ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- ☒ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☐ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- ☒ Apply for additional section 8 units should they become available
- ☐ Leverage affordable housing resources in the community through the creation of mixed finance housing
- ☒ Pursue housing resources other than public housing or Section 8 tenant-based assistance.

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☒ Employ admissions preferences aimed at families with economic hardships
- ☒ Adopt rent policies to support and encourage work

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- ☒ Employ admissions preferences aimed at families who are working
- ☒ Adopt rent policies to support and encourage work

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- ☐ Seek designation of public housing for the elderly
- ☐ Apply for special-purpose vouchers targeted to the elderly, should they become available
- ☒ Other: (list below)  
Continue partnership with Senior Aging Commission to provide supportive services to elderly families.

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- ☐ Seek designation of public housing for families with disabilities
- ☒ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- ☐ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- ☐ Affirmatively market to local non-profit agencies that assist families with disabilities

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- ☒ Affirmatively market to races/ethnicities shown to have disproportionate housing needs

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- ☒ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- ☒ Market the section 8 program to owners outside of areas of poverty /minority concentrations

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
- ☒ Staffing constraints
- ☐ Limited availability of sites for assisted housing
- ☒ Extent to which particular housing needs are met by other organizations in the community
- ☐ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- ☐ Influence of the housing market on PHA programs
- ☐ Community priorities regarding housing assistance
- ☐ Results of consultation with local or state government
- ☐ Results of consultation with residents and the Resident Advisory Board
- ☐ Results of consultation with advocacy groups

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
<b>10.0</b>	<b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.  (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5- Year Plan. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"	

A. To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination

1. The Commission has successfully completed a number of modernization projects. Institutionalized modernization procedures for completion of modernization projects are consistent with industry standards and contain appropriate levels of checks and balances. The Commission has a comprehensive procurement policy that details procedures for both small purchases as well as large contracts. Projects with a construction cost of more than \$100,000 are submitted to the Board for approval and are publicly bid and the contract is awarded to the lowest qualified bid with the approval of the Board of Commissioners. Contractors are selected through a public bid projects and contracts outline the detailed specifications of the project and project schedules. The Commission has a detailed written policy regarding the awarding of construction bids and monitoring of the ongoing project. The director of facilities and foreman oversee all modernization projects and will function as project managers, along with the architect. The director of facilities or one of his staff will visit the site daily. The construction team holds weekly meetings to ensure that work is progressing according to schedule. It is the responsibility of the director of facilities and his staff to identify and pro-actively mitigate any potential construction delays. The construction team must be satisfied that progress is being made according to a detailed weekly schedule before approving any construction draw requests. If the project is behind schedule, the construction contracts include provisions for the Commission to require the contractor to bring in additional sub-contractors to bring the project back on track. The Commission holds a 10% payment retainage on construction payments – which can be reduced to 5% solely at the Commission's option if the job is progressing to the Commission's satisfaction. Retained funds are held until after the final payroll, pay request and inspection list is completed. All close out documents are reviewed to ensure compliance with contract specifications before final payment is made.

The Commission engages in sound financial policies and procedures and has detailed procurement policies to guide the staff. The finance director has been with the Commission since 2006 and previously worked as the finance manager for the Detroit Housing Commission. And outside fee accountant completes monthly financial statements, reconciliation reports, and monthly close out functions, and reports these to the finance director. The Finance Director is responsible for all analytical and investment decisions. The Finance Director reports to the board on all financial transactions,

reviews the financial statements and reconciliation reports monthly with the Executive Director and Board. An independent accounting firm prepares the annual audited financial statements and presents the reports to the Board of Commissioners on an annual basis. The Commission has three (3) persons authorized to sign checks; the Executive Director, the Chairperson, and the Treasurer. All checks over \$5,000 must receive two (2) signatures from the authorized persons.

The Capital Fund Financing Projects (CFFP) was larger in size and scope compared to the projects the Commission has traditionally undertaken in its public housing renovation efforts. However, the Commission has experience with extensive construction projects through the successful redevelopment of the north tower of its senior development, Twin Towers. The Commission will be completing the same redevelopment plan for the south tower through the American Recovery and Reinvestment Act (ARRA). Additionally, the Commission regularly completes work of the same nature as a Capital Fund Program (CFP) project on an ongoing basis. The commission has engaged in both moderate repair work and more extensive projects. The Commission recently upgraded its heating system and installed new furnaces by utilizing the savings from an energy performance contract. The Commission's past performance record indicates that it has the capacity to complete the work in a timely fashion as the Commission represents that it has had no contract defaults and no significant construction delays over the last ten year

## **10. Other Information Provided by PHA**

### **Operations and Management**

#### **PHA Management Structure**

An organizational chart showing the PHA's management structure and organization is depicted on the following page.

Inkster Housing commission receives its operating subsidy for the public housing program from the Department of Housing and Urban Development. Inkster Housing commission is not a federal department or agency. Inkster Housing commission is a governmental or public body, created and authorized by state law to develop and operate housing and housing programs for low-income families. Inkster Housing commission enters into an Annual Contributions Contract with HUD to administer the public housing program. Inkster Housing commission must ensure compliance with federal laws, regulations and notices and must establish policy and procedures to clarify federal requirements and to ensure consistency in program operation.

The Admissions and Continued Occupancy (ACOP) and The Administrative Plan states the methods of operation for Public Housing and the Section 8 programs. Both plans are used daily by staff to ensure consistency in program operation and to assist families to understand the rules and requirements of the programs.

The Public Housing Program is funded by the federal government and administered by the Inkster Housing Commission for the jurisdiction of The City of Inkster, Michigan County of Wayne. The Section 8 tenant-based Housing Choice Voucher (HCV) assistance program is funded by the federal government and administered by the Inkster Housing Commission for the jurisdiction of City of Inkster, Michigan / Counties of Wayne / Washtenaw].

Inkster Housing Commission is governed by a board of officials that are called "commissioners." Commissioners are appointed in accordance with state housing law and generally serve in the same capacity as the directors of a corporation. The board of commissioners establishes policies under which the Inkster Housing Commission conducts business, and ensures that those policies are followed by Inkster housing Commission staff. Formal actions of Inkster Housing Commission are taken through written resolutions, adopted by the board and entered into the official records of the Inkster Housing Commission.

## **B. Definition of “Substantial Deviation” and “Significant Amendment or Modification”**

The Inkster Housing Commission has defined “Substantial Deviation” and “Significant Amendment or Modification” as they relate to the Agency Plan as follows:

“Substantial Deviation(s)” from the 5-year Action Plan shall be explained in the Annual Plan for the period in which they occur and shall include:

- Any change to rent or admissions policies or organization of the waiting list;
- Additions of non-emergency work items when dollar amounts exceed 10% of Capital Fund Budget or the amount of replacement reserve funds that exceed 10% of the annual Capital Fund Budget;
- and any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

“Significant Amendment or Modification” of the Annual Plan means:

- Any change to rent or admissions policies or organization of the waiting list;
- Additions of non-emergency work items when dollar amount exceed 10% of Capital Fund Budget or the amount of replacement reserve funds that exceed 10% of the annual Capital Fund Budget  
and any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> <li>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ul>	



**PHA Certifications of Compliance  
with PHA Plans and Related  
Regulations**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:  
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 2011, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.



12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
  - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.


**Inkster Housing Commission**  
PHA Name

**MI-027**  
PHA Number/HA Code

       5-Year PHA Plan for Fiscal Years 20       - 20      

**X** Annual PHA Plan for Fiscal Years 20  11   - 20  11  

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
<b>Ernest Hendricks</b>	<b>Chairperson</b>
Signature 	Date <b>October 19, 2010</b>

# Certification for a Drug-Free Workplace

U.S. Department of Housing  
and Urban Development

Inkster Housing Commission

Applicant Name

Public Housing Agency Plan - fy2011

Program/Activity Receiving Federal Grant Funding

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Tony L. Love

Signature

Title

Executive Director

Date

10/19/10

X



**Certification of Payments  
to Influence Federal Transactions**U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

Applicant Name

**Inkster Housing Commission**

Program/Activity Receiving Federal Grant Funding

**Public Housing**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

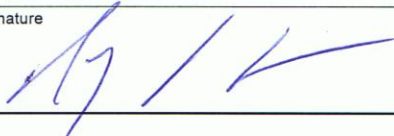
I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

**Tony L. Love**

Signature



Title

**Executive Director**

Date (mm/dd/yyyy)

**10/19/2010**

Previous edition is obsolete

form HUD 50071 (3/98)  
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

Approved by OMB  
0348-0046

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance		<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application b. initial award c. post-award		<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  <b>Inkster Housing Commission</b> <b>4500 Inkster Rd.</b> <b>Inkster, MI. 48141</b>  <b>Congressional District, if known: 4c</b>			<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>   <b>Congressional District, if known:</b>		
<b>6. Federal Department/Agency:</b>   HUD			<b>7. Federal Program Name/Description:</b>   CFDA Number, if applicable: _____		
<b>8. Federal Action Number, if known:</b>			<b>9. Award Amount, if known:</b> \$		
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):			<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature: _____ Print Name: <u>Tony L. Love</u> Title: <u>Executive Director</u> Telephone No.: <u>(313) 561-2355</u> Date: <u>10/19/2010</u>		
<b>Federal Use Only:</b>				Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

LEMOYNE GARDENS  
DEMBY TERRACES  
TWIN TOWERS  
CANTERBURY WEST  
PARKSIDE ESTATE

## INKSTER HOUSING COMMISSION

4500 INKSTER ROAD \* INKSTER, MICHIGAN 48141 (313) 561-2600  
TDD/TTY SERVICE: 1800-545-1833 Ext. 243

Tony L. Love  
Executive Director

ADVISORY BOARD MEETING  
Tuesday, July 27, 2010  
11:00 A.M.

NAME	ADDRESS	PHONE NUMBER
Tony Love	4500 Inkster Rd.	313-561-2600
Bobbie Wallace	4401 Harriet 12B	734-595-9813
Annie Head	4401 Harriet 4B	313 326-3774
James Orr Jr.	27464 Moore Circle	313-915-7195
Rosita Payne	27641 Lehigh	313-914-9976
Keisha Stevenson	30278 Carlysle, #6786	734-334-0220
Sonya Chapple	4436 Spruce, #3344	313-263-6435
(Section 8) Antoinette Turner	3253 Williams St.	313-996-9703
Janett Davis	27519 Lehigh, #3471	313-970-6104 313-274-4256
Shirley Thomas	27923 Pine St., #3365	313-646-1536
Angeline MaGee	4368 Spruce, #3336	313-675-2489
Mark Cryderman	CLM Architects	248 366-9444

**2011 Advisory Board Minutes for PHA Plan  
July 27, 2010 @ 11:00 a.m.**

The meeting began at 11:10 a.m. by Executive Director, Tony Love. October 15, 2010 Agency Plan for 2011 is due. Residents in attendance were: Tony L. Love, Director of Inkster Housing Commission, Antoinette Turner, Section 8, Shirley Thomas, Public Housing, Keisha Stevenson, Public Housing, Bobbie Wallace, Public Housing (Resident Council President), Rosita Payne, Public Housing, (Resident Council Vice President) Annie Head, Public Housing, Janet Davis, Public Housing, Sonya Chappel, Public Housing, James Orr, Public Housing (Resident Commissioner), Mark Cryderman, Inkster Housing Commission Architect.

**Questions & Answers:**

- Q. Sonya Chapman (Demby Terrace) - Plumbing issues (problems with toilet) & back-ups.  
A. You have to push the handle all the way down when flushing the toilet. Don't flush tampons or condoms.
- Q. Janet Davis (Demby Terrace) - Problems with trees growth in back of the residence.  
A. Call maintenance department to check for trimming of trees.
- Q. Residents in Demby Terrace had concerns about the roof of units in Demby due to water leaking in kitchen.  
A. Call maintenance and place work order for repair.
- Q. Shirley Thomas (Demby Terrace) The fans in the kitchen over the stove aren't working correctly.  
A. Call the maintenance department and speak with Greg Carlson and tell him that this was discussed at Advisory Board Meeting.
- Q. Resident at 4436 Spruce doesn't have exhaust fan in unit.  
A. Executive Director assured that this would be investigated.
- Q. Antionette Turner, 3253 William St., Section 8 resident, had concerns about security for all IHC residents. Security needs improvement.  
A. We currently have to police officers working 12 hour shifts for IHC residents, including Twin Towers.

Comment: Commissioner Orr commented that He, Commissioners and the Executive Directors were aware of the concerns that are being discussed and that they all work together and are very dedicated to the needs of Inkster Housing Commission residents.

Comment: Tony L. Love commented that housekeeping is a concern during the REAC Inspections and residents need to be more cognizant of housekeeping issues.

- Q. Rosita Payne, 27641 Lehigh, gutter and downspout, gutter needs to be cleaned, at her

next door neighbors residence and also drafts coming thru the doors.

- A Due to prior break-ins the frames on the doors are bent and need to be replaced. However, the frames and door replacements will occur over a period of time.

Q. Resident had questions about the heat in the units.

- A. Inkster Housing Commission is aware of the energy efficiency concerns and has good insulation and windows in the units and will be looking into additional weather strips on the doors.

The Advisory Board meeting adjourned at 12:59 p.m. by Executive Director Tony L. Love.



<b>Part I: Summary</b>					
<b>PHA Name: Inkster Housing Commission</b>		<b>Grant Type and Number CFP</b> Capital Fund Program Grant No: <b>MI28 P02750111</b> Replacement Housing Factor Grant No: Date of CFFP: 06/18/08			<b>FFY of Grant: 2011</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:                      )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	0			
3	1408 Management Improvements	255,000			
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	120,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	635,000			
11	1465.1 Dwelling Equipment—Nonexpendable	50,000			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	35,000			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

Part II: Supporting Pages								
PHA Name: <b>Inkster Housing Commission</b>		Grant Type and Number CFP Capital Fund Program Grant No: <b>MI28 P02750111</b> CFFP (Yes/ No): no Replacement Housing Factor Grant No:			Federal FFY of Grant: <b>2011</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	<u>OPERATIONS</u>	1460						
	A. Operations			<u>0</u>				
	SUB TOTAL			0				
PHA-WIDE	<u>MANAGEMENT IMPROVEMENTS</u>	1408						
	A. Management Improvement (Security)			225,000				
	B. Staff/Management Training			5,000				
	C. Computer Software			<u>25,000</u>				
	SUB TOTAL			255,000				
PHA-WIDE	<u>FEES AND COSTS</u>	1430						
	A. A&E fees and related cost			<u>120,000</u>				
	SUB TOTAL			120,000				
MI027-4	<u>DWELLING STRUCTURES</u>	1460						
	Replace Parking lot w/lighting			<u>125,000</u>				
	Community Room Renovations			<u>50,000</u>				
	<u>Replace Electrical Switch Gear</u>			<u>50,000</u>				
	SUB TOTAL			225,000				

Part II: Supporting Pages								
PHA Name: <b>Inkster Housing Commission</b>			Grant Type and Number Capital Fund Program Grant No: <b>MI28 P02750111</b> CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	<u>DWELLING STRUCTURES</u>	1460						
MI-027-1	Repair Back Doors Roof			<u>50,000</u>				
	Repair Exterior Brick			<u>25,000</u>				
	Concrete Walkways Repairs			<u>10,000</u>				
	SUB TOTAL			85,000				
MI-027-2	Repair Back Doors Roof			<u>50,000</u>				
	Repair Exterior Brick			<u>25,000</u>				
	Concrete Walkways Repairs			<u>10,000</u>				
	SUB TOTAL			85,000				
MI-027-3	Repair Back Doors Roof			<u>50,000</u>				
	Repair Exterior Brick			<u>25,000</u>				
	Concrete Walkways Repairs			<u>10,000</u>				
	SUB TOTAL			85,000				
MI-027-6	Replace back doors wood decks			<u>125,000</u>				
	Repair front/backdoor entrances			<u>30,000</u>				
	SUB TOTAL			155,000				
PHA-WIDE	Capital Funds Securitization/Debt Services	9000		<u>408,586</u>				
	SUB TOTAL			408,586				
PHA-WIDE	NON-DWELLING EQUIPMENT	1475						
	A. Maintenance Equipment			10,000				
	B. Agency/Maintenance Vehicles			<u>25,000</u>				
	SUB TOTAL			35,000				
	<b>GRAND TOTAL</b>			<b><u>1,453,586</u></b>				

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Inkster Housing Commission				<b>Federal FFY of Grant: 2011</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE					
Dwelling Structure	4/01/13		4/01/15		
Capital Fund	4/01/13		4/01/15		
Securitization/Debt Services					
Dwelling Equipment- Nonexpendable	4/01/13		4/01/5		
Operations	4/01/13		4/01/5		
Management Improvements	4/01/13		4/01/5		
Administration	4/01/13		4/01/5		
Fees And Costs	4/01/13		4/01/5		